

T H E E L D E R L Y I N T H E C O M M U N I T Y

An examination of services for the
elderly with particular reference
to meals services in Scotland

by

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SUMMARY

This thesis is based largely on the results of six inter-related national surveys of community meals services for old people and thus includes an examination of meals on wheels services, lunch club services, and local authority home help services. Two of these services at least - the meals on wheels service and the home help service - have been the subject of critical comment from social researchers in the past decade or so as attention has become increasingly directed towards the needs of the old and handicapped in non-institutional settings. This interest has been further intensified by official policies which encourage the return to, or indeed, the retention in the community of those who, by virtue of ill-health, frailty, or handicap, would previously have been institutionalized.

The meals services, particularly the domiciliary ones, are basic for the viability of community care. They should make a valuable contribution towards the maintenance of the infirm and incapable in their own homes. These studies were undertaken with the aim of assessing the kind and quality of contribution the meals services are making to the welfare of the old.

Part I of this thesis is concerned with a discussion based on current literature of some aspects of the 'problem' of old age; the social characteristics of old people and considerations of health status; and finally, a critical examination of community

provisions for the aged since, while 'more' may mean 'better', this may be a non sequitur in some areas of social provision for aged. Questions then about the appropriateness of use of current health and welfare services are discussed.

Part II describes the aims, methods and outcome of the meals services surveys in Scotland. Questions relating to coverage, type and adequacy of services are raised with both service providers - the local authorities and voluntary organisations - and recipients. In addition, information was gathered concerning the provenance of recipients; their feelings about their health and abilities to care for themselves; their family ties and contacts, and factors such as housing and economic status which may so fundamentally affect a life-style.

This study does not break much new ground. It certainly provides more detailed information about the organisation and administration of these services in Scotland than has been available before and, perhaps more significantly, it throws more light on the interface of relationships between voluntary organisers and local authorities, and the views of both towards the services they provide.

Lack of change is among the main findings of this research. Although there has been an upward trend in the number of meals supplied over the last fifteen years, the increase has been slow and in that time the modal weekly figure of two meals per recipient

has not changed. Both coverage and frequency remain inadequate by normative standards.

The study also confirms that domiciliary meals are generally provided for those who score highly on accepted risk factors: most are old (seventy-five years or more); live alone; have no home help; have problems of self-care; and 'make-do' for food on days when meals are not provided.

The study also underwrites criticisms concerning the unsuitability of some meals. The School Meals Service, the main supplier of meals for the elderly in Scotland, rightly caters for the needs of growing youth. High carbohydrate content is inappropriate and undesirable in the diet of old people. Menus too seem less than tempting for the aged palate.

The views of organisers, local authorities and recipients go a considerable way towards explaining some of the noted inadequacies in provision. The fact that few organisers believe that services are not adequate, or actively search for new recipients, and the fact that most have variable rules and regulations governing acceptance practices must all affect service provision in some way. So too must local authority officials, many of whom judge their services to be inadequate but who, for a variety of reasons, may not be planning remedies. These, and other factors influencing the efficacy of community services, are discussed in Part III.

This work then reports not only the results of six national studies but also attempts to place them in the context of the general situation of old people; to comment on them as indicators in the development of welfare provision; and to discuss some of their implications for community services.

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T E X T

PART I

CHAPTER 1

INTRODUCTION

SOME ASPECTS OF THE PROBLEM OF OLD AGE

It is perhaps relevant to begin this study with an examination of the care system for old people as it has developed in Britain. As is well-known, legislation governing provision for the elderly, like the chronic sick, and disabled, has a relatively short history. For hundreds of years, of course, both groups qualified for social support through the provisions of Poor Law system. However, responsibility for meeting the economic and welfare needs of dependent members of society has always been firmly placed with the family. It is only in this century that legal responsibility for the aged and sick has been removed from their children and the State has devised means of ensuring minimal financial support at a national level.

Although the aged have had their medical needs met, like all other members of the State, by the National Health Service, their other social needs are organised, like the old Poor Law itself, by and on the basis of the local community unit. It is only in the last decade that the State has attempted to regulate and standardise this latter provision as the nature of the 'problem' of age and ageing has become more apparent.

The word 'problem' is one often associated with old age. However, it is also one which must be subject to widely varying interpretations, depending, of course, on the knowledge, experience and involvement of the assessor.

Some definitions

"Old age, like death and road accidents, is something that happens to other people. We call road accidents a problem, implying that something can be done about them. We do not speak of death as a problem, because there is no solution for the inevitable. Curiously, since it too is inevitable, old age today is more and more often referred to as a problem. Old age, it is worth reminding ourselves, is no more a problem than childhood is a problem, it is a natural state. Many old people have problems. Some are peculiar, or at least special to their age group. Some are common to us all, but bear more heavily on certain of the old because they may be weaker, or lonelier, or poorer than the rest of us." (Roberts, N. 1970).

Nesta Roberts writing in the late 1960's of the situation of the old in our society quite rightly condemns those attitudes which make old people a separate and particular group. Some explanation for this may lie, as Hobman suggests, in the fact that while "medicine has been devoting itself with some success to increasing longevity, the precise nature of old age itself is still partly obscured by a number of myths, many of which are created by people who have not yet experienced it, and whose perception is limited." (Hobman, D. 1972).

As he says, part of the explanation for this separatism is an inability or unwillingness to treat the elderly as people who just happen to have lived longer. "Eccentricity in old age may

ultimately stem from physical or emotional deterioration, but in its less acute forms there is no reason to suppose that a perverse or difficult anti-social old person did not manifest similar characteristics in a modified form during youth or middle age, any more than there is to assume that a display of charm, affection, or thoughtfulness for others is in any way related to the passing of arbitrary chronological dates on which society has decreed that the label 'old person' must be attached." (Hobman, op.cit.).

It may be that the elderly have just 'lived longer' than the rest of society and that the right approach to making social provision should be at the individual rather than group level. Certainly culturally based ideas of old age may encourage what Hobman calls 'false sentimentality' and a kind of middle class philanthropy which denies its beneficiaries any expression of rights or opinions other than those of gratitude. "As a result, social clubs for the elderly acquire names such as 'silver threads' and the members are referred to as 'old dears' so that the comfortable stereotype of the carpet slippered 'Derby and Joan' is unlikely to be shattered with disturbing results. In the process, pity and patronage tend to take the place of respect, and the elderly are denied the opportunity of participating fully in the very activities which are designed for their pleasure, and are, by a subtle process, actually further removed from the mainstream in which some, at least, might have preferred to remain." (Hobman, op.cit.).

However, it appears evident that while one may deplore the manner in which care is delivered - and this in itself possibly constitutes a 'problem' in social service provision - that the elderly represent a section in society who, in terms of numbers and potential needs, qualify for special recognition by the state.

Titmus identifies perhaps the crux of the matter when he says that "for most of mankind, the approach of old age has always meant a growing sense of insecurity. The processes of ageing, physical and psychological, bring with them the actualities of dependence on others for many daily needs and an awareness of the dignities that can accompany the loss of status and independence. This is all part of what the Western world now calls 'the problems of old age'. But only in scale and intensity is it a new problem." (Titmus, 1968).

Clearly different cultures and societies meet the problems of old age in different ways. To be old in some was and is to occupy a prestigious position on account of one's personal fund of wisdom and accumulated experience. However, it is true also that in these societies fewer people survive to old age and indeed old age itself may be judged to occur chronologically earlier than is the case in our society today.

In philosophical terms the problem of ageing may be no problem at all. It may well be as Titmus suggests "only a pessimistic way of looking at a great triumph of civilisation." But it is also evident, as he continues, that "societies which foster changes to save

human life cannot escape responsibility for the quality of life thus extended" (Titmus, op.cit.).

Demographic aspects and their implications

While estimates of population projections have not been notable for their accuracy in the past - Beveridge for example estimated that the proportion of elderly in the total population would exceed 20 per cent by 1971 - there is no doubt about the magnitude of the actual increase in both the number and proportion of old people in Britain since the beginning of this century. In 1901 the percentage of people who were over today's minimum retirement age (65 years for men, 60 years for women) was 6 per cent. By 1971 this figure had increased to 16 per cent and is expected to continue its upward trend until at least 1980 (Atkinson, A.B. 1972). This growth in both the numbers and proportion of elderly people has resulted largely from changes in birth and, to a lesser extent, mortality rates. There has been no real or appreciable lengthening of the life span for whole expectation of life at birth for males increased from 44 years in 1891-1900 to 68 years in 1962-64, expectation of life at the age of 65 increased by only two years from ten years in 1891-1900 to twelve in 1962-64 (Office of Health Economics, 1968). Death rates among the elderly have not fallen as dramatically as they have among children and young adults largely because the disease experience of the two groups are so different. Medical science has made great strides forward in conquering infectious disease but has experienced much less success in the field of degenerative diseases. (The effects of the improvement in mortality rates among the younger age groups have yet to be felt in terms of the permanent increase in the number of old people in the community.)

However, between the censuses of 1951 and 1966 the total population of the United Kingdom went up by 7 per cent, but the numbers of those aged 19 and under went up by 16 per cent, and those aged 65 and over increased by 21 per cent (Sleeman, J. 1973). It is estimated that this trend will continue (Figure 1.1)

Figure 1.1

Estimated percentage increase of population, 1970-1981

Age Group	Percentage
0 - 19	9
65 and over	15
Total population	5

Source: Sleeman, J. (1973): 'The welfare state and its annual benefits and costs'.

Not only has the proportion of old people in the population increased but so too has the proportion of those who are 'dependent'. Between 1921 and 1961 the proportion of working men in the 65-69 age group fell from 80 per cent to 40 per cent and among the 70-74 year old group from 53 per cent to 21 per cent (Atkinson op.cit.). Atkinson also notes that the percentage of men retiring at the minimum retirement age has increased from 47 per cent in 1959 to 70 per cent in 1968 and is expected to reach 90 per cent if the Government Actuary is to be believed and he concludes: "If allowance is made for ability to participate in the labour force, the problem of the ageing of the population is even more serious than appears at first sight: the number of old people who have to be supported per head of the working population has increased by a factor of over three in the past 50 years."

As Marshall points out "countries with a very small proportion of old people have a very high dependency ratio, because they have a very high proportion of children" (Marshall, 1970). Certainly higher education and the provision of pensions will affect the dependency ratio. However, Marshall contends that a factor which is not always allowed for in discussion about old age and dependency ratios is the effect which working women are having and will continue to have. The increase in the numbers of married women taking on paid employment "has in recent years more than matched the growth in 'pensioner dependency' and brought the overall index of dependency to below its 1931 level" (Marshall, op.cit.).

It is obvious that dependency is not totally economic. While clearly people may be classified on economic or administrative grounds as being pensionable, that is, of dependent age, they may not necessarily qualify as being dependent or old in the social or biological sense. Chronological age and infirmity begin to be much more closely associated after the age of 75 years. Huw Jones identified this group as the 'old old'. Kathleen Jones reports that the 'old old' group, which she defines as the 80 year plus age group, shows an increase as a proportion of the total population of the order of 250 per cent between 1911 and 1968 (Jones, K. 1972).

Figure 1.2

Population of the U.K. 1911-1968

Year	Persons aged 80 years and over (000's)	Total Population (000's)	% 80 plus per thousand population
1911	251	42,082	6.0
1968	1,169	55,283	21.1

Source: Jones, K. (1972): 'The Social and Cultural Context'
in Easing the Restrictions of Ageing, Age Concern.

The 80 plus age group then is increasing very rapidly both numerically and proportionally to the whole population and certainly at a more accelerated rate than is that of the general population of old people.

This group demonstrates a particular form of dependency which in origin may be social, medical or indeed both. Their needs in these fields will be discussed at a later stage but undeniably morbidity rates are higher and this group is more likely than any other, except the very young, to be dependent on others for care. It is this group rather than the larger group of pensionable age who are most likely to have needs which place a critical demand on services.

Of course, dependency is not a modern phenomenon for it has been regarded and provided for in widely differing ways and with greater or lesser degrees of understanding. For much of our

society's history, economic dependency - so often associated with physical dependency in all age groups - was seen as part of God's grand design for human society while charity was a matching element in his design, which helped, of course, to make poverty tolerable for the rich. In the 18th and 19th centuries poverty was bearable because it was functional. It provided the basic motivation towards work in a society in which the work ethic was highly esteemed. "Poverty was distinct from destitution or want, and meant the condition of those who earned by their labour enough to satisfy their daily needs at the standard appropriate to their class, but no more so, so they had to go on working." (Marshall, T.H. 1973).

It is only in this century that the right to a reasonable standard of living for all members has come to be regarded as being the concern and responsibility of the State.

While from its inception the State was prepared to safeguard individual property rights and in the latter part of the 19th century the rights of the individual to education and an 'healthy' environment it was not prepared to establish a national system which would effectively guarantee the individual a minimum income until this century.

National legislation in the democratic State reflects the values and morals of the society it serves. The history of the development of care for the aged examined against its legislative

background should place in context any study of provisions for the elderly. A brief outline of that development follows.

Historical aspects: social policy and provisions

The history of provision for dependent members of society is a long one. The eastern Church is reputed to have made separate, institutional provision for the old, sick and infirm although it was "the better part of 1600 years before we discovered such civilised and enlightened ideas." (Roberts, op.cit.). While specialised care for particular groups is of comparatively recent origin in Britain, the history of State provision for its dependent members is fairly lengthy. Its earliest expression is to be found in measures taken for the relief of the poor - a condition frequently associated with old age, chronic ill-health or handicap or indeed both. The motives underlying the establishment of the poor law system were undoubtedly mixed.

While humanitarian considerations may well have played their part, concern for the maintenance of the established social order was most certainly predominant.

As early as 1424 an enactment of the Scottish Parliament formulated a licensing system to regulate the position of beggars. Their interest lay in preventing companies of people from marching through the country "begging and harbouring" (Ferguson, 1948). Badges authorised their holders to beg within their own parish

usually on prescribed days and conditions and were issued only to those judged unfit to earn a living. The 1601 Poor Relief Act made every parish responsible for its poor. Under its provisions the able-bodied were to be set to work; the children to be apprentices and the incapable - the old, lame, impotent and blind - were to be assisted. The effect was that for many, probably the majority of the incapable, relief meant admission to the new Poor Houses which were set up under the Act. The Poor Houses were quite simply refuges for the "helpless, the hopeless, the mentally sick, the very young and the very old" (Roberts, op.cit.). Although legislation at this time did encourage differentiation in the provisions made for various groups of the poor, it did little to ensure it. The system operated on the basis of providing 'abiding places', later known as poor houses, for the impotent; work - earlier on outside or later in workhouses for the able-bodied unemployed; and, "for the unregenerate idlers" - houses of correction. "Technically, the three classes and methods of provision were distinct, and much emphasis was to be placed by later reformers upon the need for distinction and 'classification'. In practice, however, the three were to be confused, to a large extent because it was obviously simpler, however undesirable, to treat all three under the one head. By the nineteenth century, indeed, the workhouse, poorhouse and house of correction had in practice become one." (Bruce, 1968). Undoubtedly, for hundreds of years community provision for the poor, aged and incapable had a well-defined punitive character. One of the fundamental convictions underlying the relief system was the belief that poverty was virtually a self-

sought condition. "Although in most countries of the Western World there had at one time been a tendency to lump rogues, vagabonds, and paupers together in a single category, and to treat them all in semi-penal institutions, the concept of pauperism as both an inferior and shameful status persisted longer and penetrated more deeply into the public mind in England than elsewhere. It was kept alive, and deliberately reinforced, by the bureaucratic machinery created to translate it into action." (Marshall, 1970). It formed a cornerstone of the organisation of local communities, "an accepted part of the system that kept society steady, checking, however ineffectively, the distress that might have led to social upheavals" (Bruce, op.cit.).

Of course a major consideration for the communities responsible for providing care was the burden placed upon the rates. There was, as Bruce indicates, a long struggle between the moral and financial aspects of responsibility for the poor "a struggle in which the desire to keep the rates low was a victor."

Low levels of provision were justified on the grounds that the poor had few or simple needs in life. Ferguson records: "An inspector of the Board of Supervision wrote that in forming an opinion of the State of the poor he always 'kept in view the simple habits and abstemious mode of living of the people generally, conceiving that the same style of living to which they had been hitherto accustomed was the proper standard upon which to judge of their wants when they became a burden upon the public'." (Ferguson, op.cit.).

It was widely assumed that to be poor or unemployed, particularly in an expanding economy, was "evidence of vicious or idle habits or both" (Bruce, op.cit.). An association with drunkenness was often assumed to be concomitant.

As recently as 1909 a report of a Royal Commission on the Poor Laws records that "...there exists no inconsiderable class of old men and women whose persistent addiction to drink makes it necessary to refuse them any but institutional provision. For this class, indeed, the Aged Poor of Bad Conduct, out of all the pauper host, it might well be urged that the Destitution Authority at present makes a not unsatisfactory provision. For old men and women of this kind, the General Mixed Workhouse, with its stigma of pauperism, its dull routine, its exaction of such work as its inmates can perform, and its deterrent regulations seems a fitting place in which to end a misspent life."

The association of poverty with economic intemperance and failure took time to die. As recently as 1937 at a conference on Public Assistance organised by the County Councils Association and the Association of Municipal Corporations the Chairman thought it worth commenting that "the deserving poor are no longer considered, because of their destitution or poverty, as only a shade better than the wastrel."

Public attitudes then were far less condemnatory by the turn of the century and this is reflected in the legislation of

the time. The pioneering works of social researchers like Chadwick, Booth and Rowntree were influential in stimulating a virtual explosion of legislation following the great environmental and social reforms of the latter half of the nineteenth century.

The laissez-faire spirit of the first half of the nineteenth century government then disappeared in the face of changing attitudes towards poverty and its associated features. Smith sums up this change as "... in 1830 poverty arose because of immorality; in 1900 immorality arose because of poverty; pauperism was a station in life, not a condition which was regarded as transitory." (Smith, N. 1972).

Thus by the 1900's concern for the condition of the aged found expression in the first of a series of measures, the passing of which signalled the beginning of the acceptance of responsibility by the State for the welfare of the individual and the demise of the poor relief system itself.

The first move away from local area provision to provision on a State or national basis was made in 1908 with the introduction of the State-provided pensions. This was followed by the National Insurance Act of 1911. Both of these Acts were in effect admissions of the need for national as opposed to local authority provision. The Old Age Pensions Act of 1908 was the first non-contributory pensions Act. It provided a pension of 25p per week to everyone

over 70 who earned less than £21 a year. "Applicants had to prove that they had not been in prison within the past ten years, that they were not lunatics, and were not receiving poor relief that disqualified them as registered electors; also that they had been habitually employed in the trade of their choice." (Smith, op.cit.).

The inability of local areas to provide for their poor was amply illustrated during the dark days of the Depression years in the 1930's. "The recognition of 'depressed areas' and the establishment of a national system of unemployment assistance in 1934 constitute a major departure from the principle of dependence on the locality for the maintenance of a minimum standard of life." (Marsh, O. 1970).

The adoption by the State of responsibility for the welfare of the citizens is ultimately enshrined in the wealth of legislation which established what is known as the Welfare State. It constituted the inevitable culmination of a long process which began with the Poor Law system.

It required a World War to effect the necessary administrative revolution which enabled its establishment.... " by the end of the Second World War the Government had, through the agency of newly established or existing services, assumed and developed a measure of direct concern for the health and wellbeing of the population which, by contrast with the role of government in the nineteen-thirties, was little short of remarkable. No longer did concern

rest on the belief that, in respect to many social needs, it was proper to assist the poor and those who were unable to pay for services of one kind and another. Indeed, it was increasingly regarded as a proper function or even obligation of government to ward off distress and strain not only among the poor but almost all classes of society. And, because the area of responsibility had so perceptibly widened, it was no longer thought sufficient to provide, through various branches of social assistance, a standard of service hitherto considered appropriate for those in receipt of poor relief - a standard inflexible in administration and attuned to a philosophy which regarded social distress as a mark of social incapacity." (Titmuss, 1950).

The Poor Law system was eventually repealed in 1948 with the passing of the National Assistance Act. Under Part 3 of this Act local authorities were instructed to make 'further provision for the welfare of the disabled, sick, aged and other persons'.

Financial help was to be made available through the medium of National Boards under Part 2 of the Act. In this way, the Poor Law functions were divided. "By placing the relief of financial needs in the hands of a national administration it was hoped to develop uniformity and to move away from the old idea of 'parish relief' with its overtones of means testing." (Smith, op.cit.). The Old Age Pensions Act was the first measure designed to support the elderly outside the Poor Law. Before 1908, no real distinction was drawn between the elderly and anyone else requiring assistance. The 1948 Act stated

that local authorities were required to provide residential care for all persons who, by reason of age, infirmity or any other circumstances, are in need of care not otherwise available to them'. Local areas then were no longer expected to provide financial in addition to welfare support. At the same time the duties of the family with respect to their dependents were redefined.

"Originally the fundamental principle of poor relief was that the family should be responsible for the fate of its poverty-stricken members: in effect the State enjoined the poor to look after the poor, an injunction which was as impracticable as that of expecting the blind to lead the blind." (Marsh, op.cit.).

However, insistence on the central nature of the role of the family in the provision of care for its handicapped members remained a recurrent feature of Poor Law legislation. The Poor Law Act of 1598 contained the condition that 'the parents of children of every poor and impotent person, being of sufficient ability, shall at their own charges relieve and maintain every such poor person' and that duty was extended to grandparents in 1601. The responsibility of the family was even more clearly spelt out in the Act of 1930: 'It shall be the duty of the father, grandfather, mother, grandmother, husband or child of a poor, old, blind, lame or impotent person if possessed of sufficient means, to relieve and maintain that person'. It

was not until the National Assistance Act of 1948 was passed that the legal liability of children for their parents was removed and regulations were passed as to the rendering of moneys by Parliament of assistance to persons in need' (Bruce, op.cit.). In this way was the economic dependence of old people removed not only from their children but also from the communities in which they lived, for it should be remembered that local communities or parishes were liable to provide for those unable to support themselves in the absence of adequate family connections or finances.

Although the 1948 Act was permissive - it did not for example, make specific domiciliary provision by local authorities in any way mandatory - it did empower them to contribute to the funds of voluntary organisations interested in making provision for the old and for the handicapped, or indeed, for doing anything which would 'promote the welfare' of "persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister". An Amendment Act in 1962 enabled authorities to make arrangements to provide recreation and meals for the elderly themselves or else finance voluntary organisations in making such services available. Local Authorities could support local voluntary organisations either by providing finance or else by making premises, equipment, vehicles and staff available to others.

The first legislation to mention the elderly as a specific group was passed in 1968. The Health Services and Public Health Act has a general directive to 'promote the welfare of old people'. Section 13 places on local authorities the duty "to provide on such a scale as is adequate for the needs of their area home helps and a laundry service for the sick, aged and handicapped and to charge for them where it sees fit". (Roberts, op.cit.).

In addition, under section 64, the Ministry of Health is enabled to make grants or loans to voluntary organisations engaged in providing approved services.

Local Authority responsibility for ensuring that the welfare needs of the old and handicapped in Scotland culminated in the Chronically Sick and Disabled Persons Act (1972). Under the terms of this legislation local authorities were instructed not only to seek out those in need in their areas but also to inform them of the service available to them. The pendulum then had completed its swing. (Equivalent legislation for England and Wales was placed on the statute book in 1970.)

Community Care

This clarification of rights and duties at a local level in the field of welfare is perhaps part of the predictable evolution in social policy of this country. It has run parallel

with policy changes in the health field which have directed attention towards treatment and care in a non-institutional situation. "We are all familiar with that exotic hot-house climbing rose, 'The Welfare State', with its lovely hues of tender pink and blushing red, rampant and rampaging all over the place, often preventing people from 'standing on their own feet' in their own gardens. And what of the everlasting cottage-garden trailer, 'Community Care?'" (Titmuss, op.cit.). What indeed.

The concept of community care has much to recommend it.

"Numerous Royal Commissions and committees of enquiry have discovered in recent years the virtue of the normal social environment - or as 'normal' as possible - for old people, for the mentally ill, the educationally subnormal, the handicapped child, the maladjusted, the elderly 'ambulant' and others who need 'care and protection' during some stage in their lives." (Titmuss, op.cit.).

Conceptually, community care is simple. "'Community Health' is a vague but valuable concept, because it points to an approach to the problems of health different from that of the surgeon or the doctor who treats the illnesses of individuals. But it does not denote any particular method or theory of procedure. It includes a large array of methods and its principles and

practices are changing all the time. The term 'community care' which recently became very fashionable has been used to refer to something different, namely, the care of the sick or handicapped in the community instead of in institutions. It is a more restricted idea, which became somewhat inflated by being used as a slogan." (Marshall, 1970). Titmuss qualifies this caveat: "It has been one of the more interesting characteristics of the English in recent years to employ idealistic terms to describe certain branches of public policy. The motives are no doubt well-intentioned; the terms so used express, in civilised phrases, the collective aspirations of those who aim to better the human condition. It is necessary to remember that the practice can have unfortunate consequences." (Titmuss, op.cit.).

It is generally accepted that the best place for old people is in their own homes with help from the services as necessary. However, the "real question is whether the principle has been much more than a worthy but largely unfulfilled hope". (Townsend & Wedderburn, 1965).

Certainly there is truth in Marshall's contention that the idea itself did encourage people "to act as though things they hoped would exist some day existed already". (Marshall, 1970).

The 'normal' environment does have many advantages over institutional life for many people and among old people themselves

the overwhelming desire is to remain in the community rather than translate to the institutional life.

However, if old people are to remain in the community, adequate provisions for 'care' are obviously necessary, particularly among the 'old old'. Not only have health and welfare services to be organised to meet the needs of the aged, but old people themselves have to be made aware of their rights with respect to them. The history of past provision for the elderly has undoubtedly left an unfortunate legacy. "There was bred into successive generations of the old a fear and horror of 'the house', and of anything connected with the Poor Law, whose last traces, persisting even today, colour the attitudes of a few of the more intransigent of the aged towards anything connected with the Ministry of Social Security." (Roberts, op.cit.)

CHAPTER 2

CHARACTERISTICS, NEEDS AND PROVISIONS

Before examining what is known about the needs of the elderly it may be pertinent to examine briefly their characteristics and provenance. It has been indicated that the word 'problem' is increasingly associated with, and indeed, assumed by some to be synonymous with, the words 'old age'. It is of course a phenomenon of fairly recent origin and has experienced its greatest growth in the post World War II period. It was largely after the second world war, the aspirations of the general population having found expression in Beveridge and the promised brave new world, that interest in the welfare of the old too accelerated. It was as if the expectations of most people for a better life, and a willingness on the part of the State to implement legislation to achieve it, had a spin-off for the old and handicapped. They too should have a bigger share of the cake. However, although some people suspected it, there was little statistical evidence to prove that for most of the old, bread was difficult to come by and cake quite out of the question. Although the first of the major pioneering works on the needs of the elderly was Sheldon's in 1948, it is only in the last decade or so that the spectrum of needs of, and provisions made for the elderly, particularly in the health and social service fields, has claimed intensive attention. Interest has been stimulated not only by a growing awareness of the implications for society and its resources of increases in both the proportion

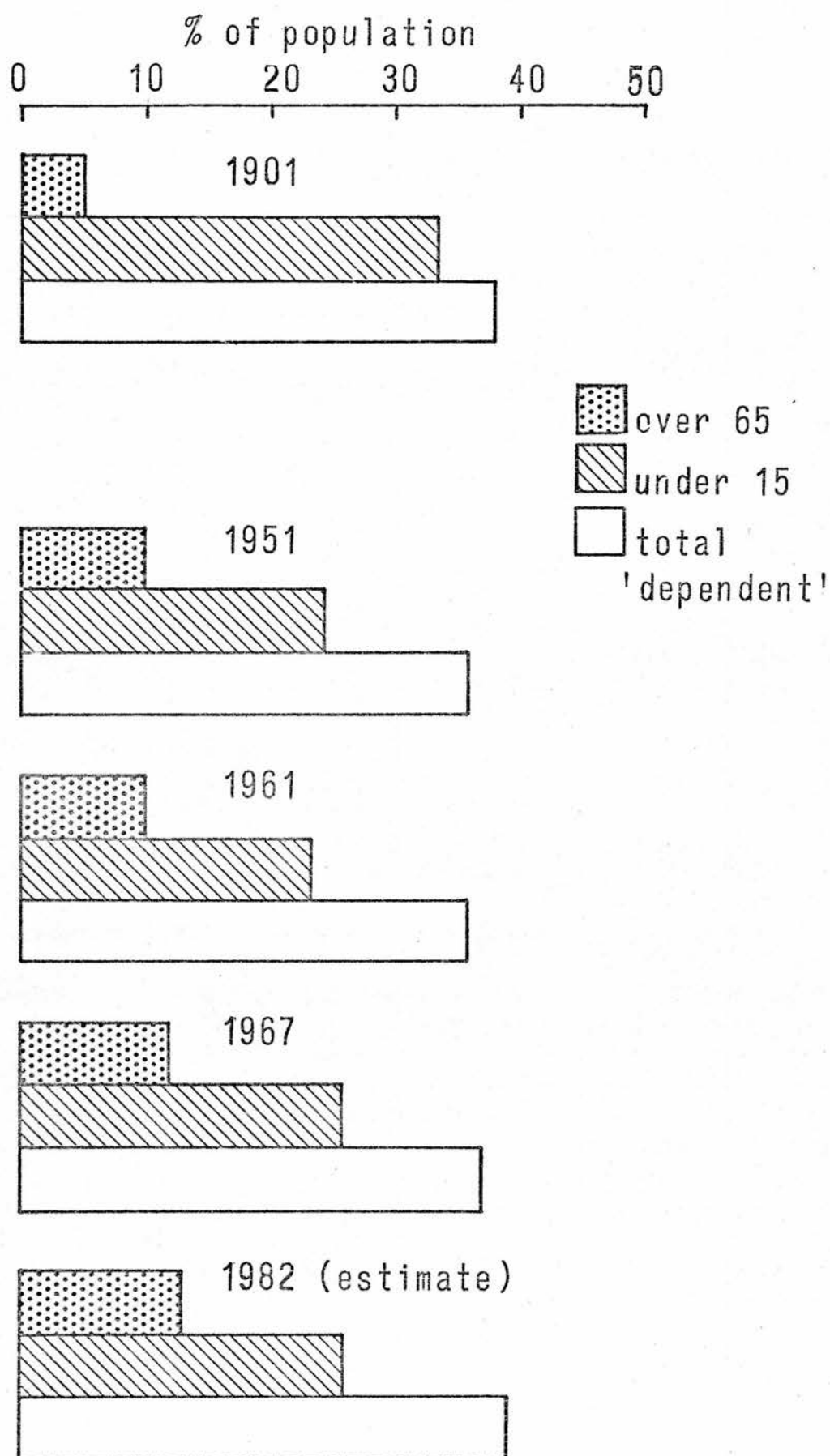
and actual numbers of old people but also by more widespread concern with questions of the efficacy and effectiveness of social provision. The result has been a spate of quantitative and qualitative investigations which have demonstrated the depth of need existing among the aged and which have also highlighted deficiencies in services intended to meet that need. In addition, the work of voluntary national organisations, notably the Old Peoples' Welfare Council - now Age Concern - have not only acted as a vehicle for the delivery of practical assistance but have also provided a forum for discussion about the needs of the old and thus attracted public attention and sympathy. Research has doubtless been stimulated also by recent legislation which makes local authorities responsible for investigating the welfare needs of their handicapped and elderly populations. As a result a considerable and increasing amount of evidence is available covering many aspects of old age. Some of this data is examined below.

Characteristics

Any discussion of the needs of the elderly clearly must include some detail of numbers. Statements about needs and provisions can only be made in the context of the size of the group and its characteristics.

We have referred to some demographic aspects in Chapter 1, including the question of growth. The increase in the proportion

Fig.2.2. Scotland: Proportion of dependents.



Source: Morrison S.L.M., "The Care of the Elderly in Scotland: a follow-up report", Royal College of Physicians, Edinburgh No.37 1970

of old people in Scotland is shown in Figure 2.1.

Figure 2.1

Scotland, population by age group

Age	1871 %	1901 %	1911 %	1921 %	1931 %	1951 %	1961 %	1971 %	(1)
0 - 14	37	33	32	30	27	25	26	26	
15 - 64	57	60	61	63	64	63	61	59	
65+ males) 60+ females)	7	6	7	8	9	12	13	15	

(1) Figures based on advanced analysis data

Source: Scottish Abstract of Statistics,
The Scottish Office, No.2/1972

The aged are of particular importance not merely because of the striking increase both in the number and proportion of old people in society today but because the increase is concentrated at the extreme ends of the age scale. As we have seen, the nature rather more than the rate of dependency has changed since 1901 for there has been a dramatic change in the proportion of elderly dependents vis-a-vis children for increases among the elderly are no longer counterbalanced by decreases in the younger group (Figure 2.2).

Where are these old people to be found? How do they live?
What is their health like?

One of the most quoted of the post-war studies of the elderly is that of Townsend and Wedderburn (Townsend and Wedderburn,

Fig. 2.3

Great Britain.

Place of residence and proximity of relatives
of those aged 65 and over. 1966.

	<u>Number</u>	<u>%</u>
Private households:		
i) Children living at home	1,942,000	30
ii) Other relatives living at home.	592,000	9
iii) No relatives at home; children near.	953,000	15
iv) No relatives at home; other relatives near.	666,000	10
v) No relatives at home or living near.	1,955,000	30
	<u>6,108,000</u>	<u>94</u>
Residential homes.	110,000	2
Psychiatric hospitals and nursing homes.	63,000	1
Other hospitals.	121,000	2
Hotels etc.	100,000	1
	<u>TOTAL</u>	<u>100</u>
	6,502,000	

Source: Office of Health Economics; 'Old Age', 1968.

op.cit.). It is in effect the earliest national study of old people, providing evidence about use of and need for health and welfare services, living conditions and some of the first comprehensive data about the financial situation of the aged. This study has provided much of the statistical data from which other researchers have drawn and still draw. It was the Townsend and Wedderburn study which demonstrated the ubiquity of old people within the community and added momentum to the move towards a closer examination of the implications of community care for the old. For most old people, of course, are to be found in the community.

A substantial minority live alone or have no relatives living nearby (Figure 2.3). Many of them occupy inadequate housing judged by the generally accepted standards of today. Over a million and a half old people live in houses without an indoor lavatory or must share the use of a bathroom or kitchen (Figure 2.4).

Figure 2.4

Unmet need and use of facilities - 1966, Great Britain

Age 65+. living in private households		
	<u>No.</u>	<u>%</u>
<u>Housing:</u>		
1) Lacking 3 basic amenities (indoor W.C., sole use bath/kitchen)	372,000	6
2) Lacking 2 out of 3 basic amenities	1,343,000	22

Source: Office of Health Economics, 'Old Age', 1968.

Surveys (e.g. Townsend and Wedderburn, op.cit.; Abel-Smith, B. and Townsend, P. 1965; Ministry of Pensions and National Insurance, H.M.S.O. 1966) have shown that financial hardship is an indisputable characteristic of old age. Abel-Smith and Townsend calculated that a large minority of the two million people living below the National Assistance Scale (now Supplementary Benefits) in 1960 were primarily pensioners dependent on the State for support. One of the reasons for this situation is, as Atkinson points out, the fact that although a large majority of old people receive a State retirement pension, the amount falls below supplementary benefit level; that "many pensioners have either no income at all or insufficient to bring them to the Supplementary Benefit Scale" and that "though these people are eligible for Supplementary Benefits, one third of them do not, in fact, claim the benefit to which they are entitled" (Atkinson, 1972). The Ministry of Pensions and National Insurance enquiry actually states that "rather more than 700,000 pensioner households (about 850,000 pensioners) could have received assistance if they had applied for it" (Figure 2.5).

Figure 2.5/

Figure 2.5

Pensioners below National Assistance Scale, June 1965

	All pensioners %	Married couples %	Single men %	Single women %
Income (before National Assistance) below NA scale	47	34	40	62
Not entitled to NA on account of savings	6	5	5	7
Receiving NA	25	18	22	34
Entitled to NA but not receiving it	16	11	13	21

Source: Ministry of Pensions Survey 1965, Table III.2 and III.4

Quoted in: Atkinson, A.B. (1973): Poverty and Pensions - The Financial Needs of the Elderly, in Needs of the Elderly (ed. Canvin, R. & Pearson, N.) Institute of Biometry and Community Medicine, University of Exeter, Publication No.2.

Figure 2.5 shows that according to the Ministry report nearly half of the elderly retired population had incomes falling below National Assistance levels and that single women were particularly hard hit. Atkinson concedes that the figures he uses are somewhat out of date but contends, rightly, that "there are no grounds for supposing that the situation has dramatically improved since 1965. Although occupational pensions have become more common, there are still many not adequately covered, and the earnings prospects of the pensioners have probably deteriorated. Most important of all, the National Insurance pension remains a long way below the Supplementary Benefits scale " (Atkinson, 1973).

Old people then still constitute the largest single group living below our state-defined poverty line. Family connections seem not to affect personal circumstances. As Wedderburn asserts: "The role of the family in supplying economic support for the aged is generally of minor importance.... So great appears to be the desire for independence among the old that family help is rather to be seen as part of a network of mutual help and exchange, more closely related to the nature of family structure and interaction than to economic considerations" (Wedderburn, D. 1968).

If income and environment are inadequate to meet the needs of large numbers of old people by normative standards, what of less tangible things like their family relationships and social contacts in general?

As we have seen, substantial numbers of old people not only live in the community, but live by themselves. However, at least three-quarters of old people with children live with, or within a 30-minute journey of at least one of their children. They are not only in relatively close geographical propinquity but also "the great majority even of old people living alone have frequent contacts with their children; more than half report seeing a child the same day or the previous day and more than another quarter within the previous week" (Shanas, et al, 1968). The evidence provided by Shanas and her co-authors does much to offset a too-easy acceptance of theories about the loss

of family function, the disintegration of the extended family and the isolation of the elderly in modern industrial societies. "Traditional family sociologists have apparently failed to recognise that the modern family, as in former times, continues to adapt itself to a rapidly changing society... In a society which lacks means of communication, migration must lead to the disintegration of family ties. In contemporary industrial society, however, physical distance between generations is only a minor problem... communication is possible by telephone, correspondence, or mutual visiting. Modern means of transportation and communication have diminished the importance of physical distance. The removal of adult children to households separate from that of their parents does not necessarily imply the termination of parental functions in relation to children and vice versa." (Stehouwer, J. 1968).

A concomitant assertion concerns the role of the Welfare State and its usurpation of family functions. There is now abundant evidence demonstrating the fallacy of this particular argument. However, there is a sizeable group of elderly people who have no family contacts. They may be single or widowed and childless. It is this group for whom the state has to provide not only the complementary services which are available to those who also have family support, but also in effect to provide some substitute for the family care which is otherwise lacking.

Another commonly accepted assumption about old age is that

loneliness is widespread. It is often associated in the public mind with the belief that families are increasingly rejecting their responsibilities for their old and that such rejection leads to social isolation, depression and loneliness on the part of the aged. Attribution to this cause is untrue. Perhaps surprisingly, loneliness is a condition which affects only a minority of old people. Tunstall believes that about a quarter to a third of old people are 'sometimes' lonely and about one in fifteen are 'often' lonely (Tunstall, J. 1966). Townsend and Tunstall give a similar figure of 28% (Townsend, P. and Tunstall, S. 1968). Townsend and Tunstall differentiate between 'loneliness' and 'desolation' by drawing a distinction "between peer-contrasted isolation, or having few social activities and relationships by comparison with age - contemporaries, and desolation, or having been deprived of formal social activities and relationships, usually through the loss of a social intimate such as a spouse or another close relative by death, admission to hospital, or migration". They conclude that desolation rather than peer-contrasted isolation "is the causal antecedent of loneliness and may be important in helping to explain the propensity to suicide among older people".

Certainly "Social loss is inextricably bound up with physical decreasance. More old people... who are personally incapacitated than those who are not, are lonely" (Townsend and Tunstall, op.cit.). As Chown says "Personality seems to

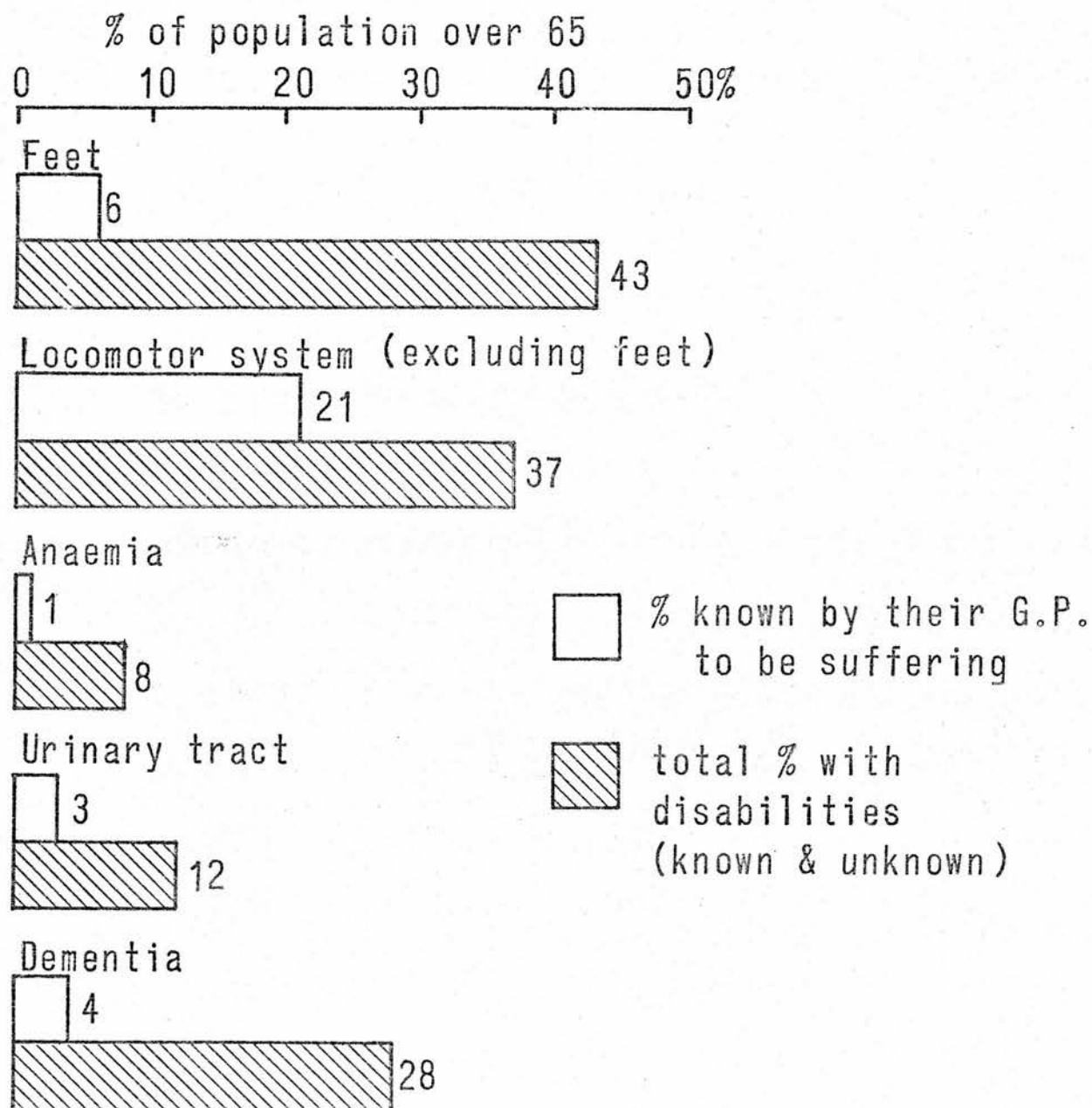
remain much the same in old age as in the earlier adult years. A certain style of life has been worked out and is maintained as far as is possible. But in old age, health often deteriorates, and there are various difficulties and distress which are inflicted on people by the environment - things like bereavement and retirement - which must interfere with the style of life of many people. The ways in which people react to these will vary from person to person, just as they would vary at any age, and we still know remarkably little about how to help people to adjust to them. For the passive person there is remarkably little trouble in adjusting; but for the person whose style of life is an active one, serious psychological hardship may be entailed in coping with some of the handicaps which may accompany age" (Chown, S. 1972). Health then is of particular concern for the old. How true is it that to be old means, ipso facto, to be ill or handicapped or both? As Shanas says, "In most Western countries old age is associated with illness. The person who is old is thought to be sick. This belief is widely accepted both by those who are active in providing medical care for the elderly and by the public at large"(Shanas, 1968). How far do the facts support the case?

Undoubtedly, there is an association between age and disability but among the 'young-old' in their sixties and early seventies it may be misleading. Clearly if everyone over the age of 65 were sick or otherwise disabled then service provision of almost any kind would become an impossible task. Some young pensioners are indeed bedbound and have a high degree of need for

Fig. 2.6

Edinburgh 1962:

Recognised and unrecognised disabilities
in those over 65 years.



Source: Derived from "The Care of the Elderly in Scotland", Royal College of Physicians, Edinburgh, 1963.

supportive services. On the other hand eighty-year-olds may still be kicking up their heels dancing at nearby old peoples' clubs. As a general rule however, old peoples' rates of mortality and morbidity are higher than in any other age group.

This is an inevitable part of the ageing process. The stereotype of old age which associates decrepitude with increasing age has indeed some basis in fact but the danger of too easy acceptance of this stereotype is that ill-health comes to be regarded as an inevitable adjunct of the ageing process, and consequently failing faculties are tolerated rather than treated. Agate calculates that at 85 there is a 65 per cent chance of not being fully fit and a 10 per cent chance of already being a permanent invalid (Agate, 1970). The status of the elderly dependent is unlike that of the child. Circumstances may compel him to look not to his family, but to the state for support and provision of his economic, health and welfare needs. Because of the size of this group its consumption potential is vast.

For old people the greatest benefit in terms of health accrues from a preventive approach. If anything is to be said about ill-health among old people in the community it is that more conditions remain unknown than are known, that causes of disability are multiple rather than otherwise and that much that is treatable remains untreated. (Figure 2.6)

Fig.2.7

Great Britain 1962.

Unrecognised medical need among old people.

65 years and over.

Estimated incidence.

Feet disabilities	2,184,000
Locomotor disease	932,000
Visual defects	1,252,000
Hearing defects	1,340,000
Lack of dentures	990,000
Varicose veins	845,000
Respiratory disorders	320,000
Alimentary disorders	466,000
Genito-urinary disease	903,000
Heart disease	379,000
Anaemia	408,000
Diabetes	6,000
Arteriosclerosis	1,777,000
Diseases of central nervous system	175,000
Total elderly population in private households	5,825,000

(Source: Meacher M. "The Old: the future of community care", 1970.)

Williamson points out that "although multiple disabling pathology is the rule in old age, most of these conditions are non-lethal and for this reason it is especially important to diagnose them and treat them, otherwise the patient will reach a stage of total or near total dependency and may well require institutional care for the rest of her life (which may be many years!)" (Williamson, 1967). Not only may untreated conditions be disruptive to old peoples' lives by imposing unnecessary restrictions on physical and mental performance, they may also constitute precursors of more serious disabilities.

It is often only when an old person reaches a crisis situation that the contributory pre-existing conditions are identified. In a study undertaken in three practices in Edinburgh and Midlothian, Williamson and his colleagues found that over half the disabling conditions present were not known to the old person's general practitioner (Williamson, Stokoe, et al. 1964). Calculations of the national burden of undiscovered morbidity among the elderly are very high indeed (Figure 2.7).

Medical need then is fairly widespread among the old and is characteristically chronic rather than acute in nature.

Hall describes the changes in bodily functions which occur with age: "As people age, heredity, environmental and disease factors affect the organism, altering it to produce the changes

which are commonly seen in the elderly. These changes affect nearly all bodily functions such as basal metabolic rate, lung function and the cardiovascular system. Mobility may be reduced due to loss of muscle power and age changes in the bones and joints, as well as changes in motor and sensory components of the nervous system. The acuity of the special senses diminishes, the mind becomes less flexible and the memory in particular deteriorates. The skin becomes laxer, the hair may fall out or go grey, the nails become drier and more horny and therefore, more difficult to cut. The teeth become decayed and are lost and the mouth may become drier due to loss of salivary secretion. The gastro-intestinal tract, however, has sufficient reserve to be rarely affected primarily and the same applies to the liver, the endocrine glands and the kidneys, though nephron function diminishes in extreme old age.

"These primary changes which result in loss of function produce secondary changes which may either increase the primary changes or produce secondary changes in other systems. Loss of mobility associated with reduction of basic metabolic rate will result in obesity unless dietary intake is also lowered. Obesity will... hamper the individual's mobility and obesity will tend to increase... obese subjects are more likely to develop carbohydrate intolerance and consequently diabetes mellitus, an increased risk of vascular disease, high blood pressure and 'stroke'... sluggish bowel function... constipation... faecal impaction and incontinence of both urine and faeces.

"Alternatively loss of acuity of special senses may lead to social isolation and loneliness with consequent mental illness of the affective type. This may lead to reduction in dietary intake... anaemia... vitamin deficiency and subnutrition. This in turn will produce debility and loss of resistance to disease. Similarly subnutrition may follow loss of teeth and the inability to chew and digest food adequately... Subnutrition may also be associated with immobility particularly in those who live alone and consequently cannot get out to do their shopping. Immobility may arise from the simple inability to cut one's toe nails" (Hall, M. 1972). Professor Hall's self-described 'florid' examples of disability and malfunction among the aged are quoted at some length because they well illustrate the chain-reactive and cyclic nature of disease patterns in this group. He estimates that by 1981 a total of 1.6 million elderly people will be living in the United Kingdom who have "an appreciable degree" of handicap. He contends that by preventing or delaying some of the primary changes then "the health of the elderly as a whole will improve" and that "Disease control is certainly possible and is likely to give the elderly an additional 10-15 years of healthy life." Indeed, he adds that work in the field of biochemistry and physiology may facilitate a firmer control of the ageing process itself and so prolong life by "another 30 or so years".

The outlook in the long term then seems hopeful - if longevity, healthy longevity, is a desirable objective. But

what of the short term? A recent Government Social Survey investigation estimates that there are over three million people with some kind of impairment in Great Britain. Almost two-thirds are elderly. Over a million of the impaired are very severely, severely or appreciably handicapped. Two in three of these are over 65 years old (Harris, 1971).

These old people are evidently not 'healthy' by commonly accepted standards. However, their needs may vary widely despite their common condition. It is perhaps appropriate here to examine rather more closely the concept of health applied to the aged, and those indicators which have been developed to enumerate more particular need.

Measurements of health and incapacity among old people

Health is unquestionably fundamental to the general well-being of any one of us. Freedom from disease is perhaps a condition we only value after its loss and old people are most at risk doing just that.

On the face of it, health is defined easily enough. The dictionary tells us it is 'soundness of body' or 'soundness of mind'. But as any of the writers on the subject know, it isn't that easy.

There has been a dramatic change this century in the type of

illness experienced by the general population and in the efficacy of medical treatment. Problems of health care are now not so much concerned with infectious diseases of the young as with the chronic illness of late middle and old age. Medical technology and expertise combined with improved social conditions and provisions have ensured the survival of the young and the subsequent increase in the numbers of the aged. It has been accompanied too by changes in attitude towards health among the general public. In Victorian times, serious illness and death were common experiences. The possibilities of medical intervention were limited and could be costly. By the time the National Health Service was introduced, medical technology was advancing at the accelerated rate which has continued to the present day. The introduction of the National Health Service itself swept away the financial barriers which stood between large sections of the community and access to medical care. However, the expectations of Beveridge and others that equality of access to medical care services would resolve inequalities between social classes in their experiences of health and disease have not materialised. In practice the Welfare State has not proved to be the hoped-for panacea for the social ills of this century. The explanation in the health field must lie partially in the complex nature of the ways in which health is perceived by both providers and users of the service and in the values which sub-groups within our society place upon its maintenance. With the removal of the financial limitations to access to medical care and the improved health

experience of most of the general public, the tolerance level or the point at which recognition of illness is translated into action has been lowered. Doctors are increasingly concerned with the treatment of something less than mortal illness, much of which has a social or psychological component. Present demand and service provision remain predominantly in the field of curative rather than preventive medicine. As yet prevention of ill health is not widely recognised or valued goal among the consumers or even providers of the National Health Service.

Although there has been a measurable increase in the use of services - more people are being referred to hospital, more investigations are being carried out once there, and there have also been substantial increases in prescribing rates (O.H.E., 1972) - individual variations remain in perceptions of what constitutes illness and the means adopted for its alleviation. (Certainly, substantially more minor illness is self-treated than is taken to the doctor.) Attitudes to health then are based on custom and practice, values and traditions.

The World Health Organisation recognises the problem only too clearly. Its definition of health as a 'state of complete physical, mental and social well-being' enables us to adopt unlimited horizons. It has been suggested that a healthyman is someone who has never been properly examined (O.H.E., 1971). However, the Oxford dictionary gives us: "Soundness of body; the condition in which its functions are duly discharged."

Functional impairment and those factors which can be defined as having a significant effect on functional competence constitute an important part of studies of health among the old and handicapped. However, impairment is not necessarily associated with observed physical or mental handicap. Some conditions, e.g. diabetes, can be controlled so that their potentially disabling effects are minimised. Other conditions, less amenable to control, are correspondingly more handicapping in terms of function. For example, there is considerable variation in the effect that defects of sight or hearing may have on the individual depending on his abilities to compensate for, or adjust to, his disability.

Thus health may be measured by those things which inhibit people from performing their social roles or which encourage a lack of participation in what are normally regarded as legitimate social activities.

Clinical surveys of health have a much longer history than have those which attempt to measure the handicapping effect of an impairment. As we have seen, various studies have reported the multiple nature of disorders among old people (Williamson, op.cit.; Anderson, W.F. (1960); Wilson, et al, (1962)) but it is only comparatively recently that attention has been paid to the development of measures or scales designed to assess degrees of handicap in terms of their ability to affect function and thus capacities for self-care. The need to differentiate between individuals in these terms seems almost too obvious to mention.

The fact that individuals, and therefore needs, vary from person to person requires that the scales used should have some degree of subtlety and should also be viable for planning purposes. Reliance on doctors' assessments of health and functional ability can be misplaced because of the known variations which are found between assessors. Indeed, the same assessor presented with the same or very similar cases may deviate in his judgements considerably. Similarly, personal subjective judgements about one's own health are equally liable to variation. The type of objective measurement which most investigators have used takes the form of some kind of 'index of incapacity'.

Incapacity scales vary of course, depending on the number and kind of components which the investigators choose to include. (Lack of standardisation and the use of different scales by different investigators has detracted somewhat from their national usefulness). Shanas uses an index whose components include number of illnesses, seriousness of reported diseases, time spent in wheelchair or bed (Shanas, 1962).

Townsend based his special measure of personal incapacity on old peoples' ability to do six things without aid: walk outdoors, walk indoors, negotiate stairs, wash and bath, dress and cut toe nails (Townsend and Wedderburn, op.cit.; Townsend, P.1962). Harris, in a recent national survey of handicap uses a slightly more complex scale of nine activities in her index which, although

similar in kind to Townsend, is different in detail. Her index includes the ability to get to or to use the W.C.; to do up buttons and zips; to feed; to get in and out of bed; to bath or have an all-over wash; to wash hands and face; to put on shoes and socks or stockings; to dress (other than buttons and shoes); to comb or brush hair (women only); to shave (men only); (Harris, op cit.).

The Bedford College Study aimed not only to "devise tests to determine which individuals, irrespective of diagnosis, had such a low level of motor capacity that they were unlikely to achieve those basic movements of the limbs and trunk which are normally required to perform, independently of human support, prostheses or mechanical aids, the minimal activities involved in daily living (ADL)", but also to explore the "possibility of standardizing the administration and scoring of these tests". The study also investigated the effectiveness of postal questionnaires in identifying people with motor impairments, and the possibility of thereby, enabling estimates of prevalence to be made. Jefferys and her colleagues found that these tests could be used as effectively by lay as by professional workers (in this instance physiotherapists and occupational therapists); that about 5 per cent of the adult population had some degree of motor impairment; and that information obtained from respondents concerning causes of impairment gave almost total agreement with family doctor diagnoses. They concluded that the tests were simple to use in a home setting; were

reliable in providing some measure of the relationship between the site, nature and severity of a person's impairment, and levels of independence in terms of self-care; were useful in assessing the point prevalence of impairment in populations and in studies of the factors associated with degrees of ability for self-care (Jefferys, M. et al., 1969).

The Bedford College Study defined disability in terms of limitation of limb and trunk movement. The tests used to measure performance were simple and objective, but interviewers had to carry equipment weighing well over a stone.

Most other studies have used a postal and follow-up interview method, but have not included the administration of tests such as those used by Jefferys and her colleagues. The national study undertaken by Harris estimated that about 8 per cent of adults (sixteen years and over) have some impairment; the Tower Hamlets Study found that 9.5 per cent of households have one or more physically handicapped members (Skinner, F. 1969); the Lambeth Study concluded that studies of chronic disease prevalence present conceptual and practical difficulties and that assessments of function and abilities for self-care are valuable in overcoming these. They give limited function rates of 7.2 per cent for men (aged 35-74) and 9.7 per cent for women of the same age group (Bennet, A. et al., 1970).

Assessments of the relationship between impairment and

function and of the prevalence of malfunction in the community have been made then from a variety of directions, each researcher giving importance in his measures to those factors assumed to be relevant and significant. However, all have used similar techniques for measurement.

Thus, although the components of incapacity scales may vary in detail, the system used for scoring is basically the same. It rests on the ability of old people to perform specified activities with no difficulty (unaided), with some difficulty (unaided), or only if aided. Sometimes the index or scale components are given more or less importance according to the investigator's assessments of their significance to adequate functioning and thus scored. Harris divides her scale into three major items and six minor items and scores accordingly, believing that "if one needs help in getting to and/or using the W.C., such help would have to be available within a short time of the need being recognised, while help with combing hair... could be deferred". (Harris, op.cit.). Thus the chosen population under investigation can be given 'points' on the basis of its ability to perform the items of self-care selected by the investigator as being essential to daily living; on the basis of this score, need can be measured and classified.

The index used by Shanas is derived from Peter Townsend in which he had attempted to measure not the clinical condition

Fig. 2.8

Persons having difficulty with selected personal and household tasks and having nobody to help.

Task:	Completely unable to do task		Completely unable or having difficulty	
	Sample %	Number in population (thousands)	Sample %	Number in population (thousands)
Wash & bathe	7	390.3	15	856.3
Dress	3	145.6	10	594.2
Cut toenails	18	1,031.0	33	1,933.9
Prepare cup of coffee	2	110.7	4	209.7
Prepare meal	6	372.8	11	652.4
Light housework	3	180.6	7	407.8
Heavy housework	34	1,986.3	49	2,860.1

Source: Derived from Shamas E. 'Health and Incapacity in Later Life', in 'Old People in Three Industrial Societies', 1968.

but rather the results of ill-health, disease and injury, and thus the degree to which the old person was able to function without help from other people. The Shanas scale is as described and scores on the six item index may range from 0-12. Shanas describes her system thus: "The ability to perform a task without any restriction is assigned a score of zero, the ability to perform a task only with difficulty is assigned a score of one, and complete inability to perform a task is assigned a score of two. A score of as high as seven or more means that a person can do all of the six listed tasks only with difficulty and at least one task not at all, or that he can do some of these tasks with difficulty, and some, not at all" (Shanas, 1968). The results of this British survey show that one in two pensioners are zero rated. If those scoring one or two points are added, this proportion rises to over three-quarters, leaving some 15 per cent with moderate degrees of incapacity (score 3-6) and one-tenth who are severely incapacitated or who are indeed bedbound. The estimated numbers of old people in the population who are unable to perform some of the tasks considered essential for personal self-care, and having no-one to help them, are shown in Figure 2.8. Very nearly half of all old people have difficulty or are quite unable to undertake heavy housework. Cutting toenails is the task found difficult by the next largest number of people. The task found difficult by fewest people (estimated total numbers though exceed a fifth of a million) is making a cup of coffee.

High incapacity scores are, as one might expect, found to be associated with advanced age. Of course, as age increases so do the proportions of women and the numbers who are widowed or single. Shanas found that eight in ten people with incapacity scores of seven or more are women and seven in ten of the group are unmarried. The highly incapacitated are more likely to report recent past illness and contact with a doctor.

There are then substantial numbers of highly incapacitated old people living in the community. What use do they and other elderly people make of the services available to them?

Use of health services

As far as the health services are concerned there are no barriers to access at the individual level. Hospital services are provided by Regional Hospital Boards (now Area Health Boards) and access is normally through the services of a general practitioner with whom most of the population are registered. Both hospital and family doctor services are supported in the community by local authority services, for until very recently it was through the local authority that district nurses, health visitors, chiropody, home help, meals on wheels, laundry and many other services which maintain the individual in the community could be obtained.

Of all these services it is the hospital sector which is financially predominant. Of the £2,369 million spent on the National Health Service in 1971, some £1,551 million was devoted to hospital services. This figure represents 65.5 per cent of total National Health Service expenditure (O.H.E. Information Sheet, No.21, 1973). The hospitals then consume the lion's share of the N.H.S. cake. The elderly in their turn, account for over a third of hospital costs (Klein and Ashley, 1972).

The proportion of hospital beds occupied by old people has been increasing. While about 1:9 of the general population is aged, 1:3 hospital beds is occupied by an old person. Klein and Ashley (op.cit.) calculate that by 1992, 73.5 per cent of all hospital beds currently available for men and 93.7 per cent of non-maternity beds currently available for women could be filled by old age pensioners. These figures do not include psychiatric beds. The future seems bleak if consumption rates in terms of hospital services continue to rise even if, as is happening now, the average length of stay continues to decrease (clearly the chances of continuing to reduce mean stay are finite!) It is not surprising that the question is being asked whether all old people using hospital services actually need them. The evidence suggests that a proportion of hospital beds is being used - at considerable cost - as a stop-gap for lack of residential accommodation in Local Authority homes or for lack of domiciliary and supportive service provision in the community.

Most of the old people in hospital will have arrived there because they were referred by their general practitioner. What kind of service does he offer? How is it used or consumed?

The first point to be made about general practitioner services is that, like the hospital, they are used to a disproportionate extent by the aged. Twenty-one per cent of all consultations with general practitioners are made by the 12 per cent of the population who are over 65, while 21 per cent by value of pharmaceutical services are consumed by people over 65 years of age (O.H.E., 1968). Cartwright similarly records that old people, together with very young children and women of child-bearing age, are the most intensive users of general practitioner services - all of these groups having a high proportion who report 5 or more consultations a year (Cartwright, 1967). Evidence suggests that there is an annual consultation rate of 6.2 per person aged 65 and over, higher than for the general population. However, one in three old people claim no contact at all between themselves and their general practitioners for periods in excess of a year and eight in ten say that their general practitioners do not visit them regularly (Age Concern on Health, 1972). Cartwright and Shanas both provide data which supports the contention that a substantial minority of old people are infrequent consumers of general practitioner services and both agree that the proportion is of the order of a third. As might be expected infrequency of contact tends to lessen with age and services appear to be used rather more by those with

more severe functional limitations (Figure 2.9)

Figure 2.9

Percentage of housebound and mobile persons who
saw their doctor within the previous month

Housebound or mobile with difficulty	53
Mobile without difficulty	30

Source: Derived from Townsend, P.: Medical
Services in Old People in Three
Industrial Societies, 1968.

While the National Health Service provides care in the health field, it is the local authority which constitutes the major source of supportive and preventive services for the elderly. Until March 1974, local authority health departments provided the services of health visitors, home nurses and chiropody. Social work and housing departments continue to be responsible for a wide variety of services covering needs in the fields of accommodation (residential homes, sheltered housing) and welfare (home helps, meals services, boarding out schemes, day centres, laundry, night attendance, workshops and equipment). The list of possible means of support and help is a very long one indeed. However, as many studies have indicated, provision has been, and continues to be, erratic, uneven and inadequate (Townsend and Wedderburn, op cit.; Meacher, M. 1970; Brockington, F. and Lempert, S. 1966; Isaacs, B. 1972; Cartwright, A., Hockey, L. and Anderson, J. 1973; NCOP, 1972; Harris, A. op.cit.; Sumner, G.

and Smith, R. 1969; Davies, B., Barnton, A., McMillan, I.,
Williamson, V. 1971 - to name only a few).

Chapter 3 discusses these community provisions for old
people.

CHAPTER 3

COMMUNITY PROVISIONS FOR OLD PEOPLE

We have examined some of the characteristics of the aged as a group and found that old people tend to be poorer, less well housed and less healthy than most others. Old people are at high risk of becoming socially and/or medically handicapped.

We have seen that health service facilities in the hospital and family doctor sector are comparatively heavily used by the elderly. Do they exert a comparable degree of pressure on other community services? How far are needs being met? How appropriate are the services for meeting the particular needs of old people?

Townsend and Wedderburn and other researchers dispelled any comforting notions which may have been current in the sixties about the adequacy of care received by the elderly sector of the community. Townsend and Wedderburn estimated that of all old people in Britain who are bedfast or unable to walk unaided outside the building in which they live, "approximately 140,000 are in institutions but approximately 750,000 are in private households" (Townsend and Wedderburn, op.cit.). Indeed, they estimate that less than a quarter of the most incapacitated people in the elderly population live in institutions. There are then a substantial number of severely handicapped old people,

characteristically female and single or widowed, for many of whom family care is not available, for whom responsibility for support rests with the community services. Apart from this handicapped group of elderly there are of course, those whose degree of handicap may be less but whose need is still considerable. Obviously, in one way or another, community services are a vital means of support and prevention for dependent-prone old people and in particular for those for whom self-care is difficult.

The first thing which must be said about community services is that they are unevenly and unequally available throughout the country. Provision rates per 1000 population for services such as domestic help, health visiting, home nursing, meals on wheels show considerable variation which research cannot equate with variation in normative need (Harris, A. 1968, 1970; Moseley, L. 1968; R.C.P. [Ed.], 1970).

The second summary finding about community care facilities is that even where a service exists it may not be provided frequently enough for it to make a useful contribution to the well-being of the recipient.

Townsend and Wedderburn provided one of the first estimates of national unmet need for caring services. Almost ten years ago there were about three-quarters of a million old people in need of chiropody; one and a half million with hearing difficulties



Fig. 3.1

Great Britain 1966

Unmet need and use of facilities.

People aged 65+ living in private households.

	Number	%
Chiropody;		
1. Public voluntary	446,000	7
2. Privately paid	690,000	11
3. None, but feeling need	703,000	13
Hearing:		
1. Difficulties, but no examination for at least 5 years	1,363,000	22
2. Severe difficulties but no examination for at least 5 years.	220,000	4
Sight:		
Severe difficulty, but no examination for at least 5 years	342,000	6
Meals:		
1) Receiving cooked meal from mobile service	69,000	1
2) Expressing a wish for hot meal, but not receiving	361,000	6
Home help:		
1) Receiving	268,000	4
2) None, but feeling a need	348,000	6
3) None and not feeling a need, but having difficulty	281,000	5

Source; Office of Health Economics, 'Old Age', 1968
 (derived from 'The Aged in the Welfare State'
 P. Townsend and D. Wedderburn, 1965.)

but who had had no examination for five years; over a quarter of a million with "severe difficulties" with their sight but who again, had had no examination for at least five years; 360,000 old people who would have liked but did not get meals on wheels; over half a million with need of domestic help; one and a half million solitary old people in sub-standard accommodation with no children nearby. The list is, as the authors say, "daunting". (Figure 3.1).

The Townsend and Wedderburn study is by no means a voice in the wilderness. While, historically speaking, provision and support for the elderly has undoubtedly improved both in^a/quantitative and qualitative sense, there remains in the published literature a positive sense that much remains to be done. This is reflected in comments on the organisation of care for the old. The following are frequent and typical: "The services themselves were inadequately used and often ill-directed. The authorities responsible for providing services did not know of the experiment of the people who were to benefit from them and had certainly not succeeded in getting the old people themselves to know what was available to them..... The services themselves were sometimes inadequate. The services were directed with little regard for the overall needs of the over 80's" (Brockington, C.F. and Lempert, S.M. 1966). Cartwright, Hockey and Anderson's study of the last year of life of almost 800 people provides data to support Moseley's (and Bleddyn Davies') contention that 'variations in the services for old people do not coincide with variation in need nor

that poor provision is compensated for by high provision in some complementary service'. Cartwright and her colleagues find that community care in the last year of life is 'inadequate': "Nearly two-thirds of the district nurses felt they would like to give more time to patients with terminal illness. Home help services, too, were often deficient. Not only could more than twice as many of the people who died have done with a home help, but almost half of those who had such help were thought by their relatives or friends to have needed it more often. Another service which was often unsatisfactory for the care of the elderly and sick at home was housing. Almost a quarter of the people aged 65 or more who died had an outside lavatory... Not only more services, better services and sometimes rather different kinds of services are needed. We also must ensure better coordination between services, so that people get help from the most appropriate service and so that there is no danger of falling through a gap where no one accepts responsibility for care" (Cartwright, A., Hockey, L. and Anderson, J. op.cit.). Wedderburn says that "we could quite easily double our expenditure on domiciliary services and on other services like special sheltered housing without there being any danger of over-providing. Certainly, a doubling of expenditure overall would be required to bring authorities with the lowest provision up to the standards of those who are at the moment providing the most" (Wedderburn, D. 1966).

Undoubtedly more money would do much to improve inadequacies in both the extent and intensiveness of service provision. Local authority expenditure on basic domiciliary services fluctuates

Fig. 3.2

Domiciliary services:

Net expenditure by individual Local Authorities
per 1,000 total population. 1965-1966

	England & Wales:		Scotland:	
	lowest	highest	lowest	highest
	£	£	£	£
Health visiting	46	292	61	497
Home nursing	112	638	30	1714
Home help	122	711	42	1045

The elderly as a proportion total cases for 3
domiciliary services in 16 case study authorities
in England & Wales and in 55 Local Authorities
in Scotland.

	England & Wales:		Scotland:	
	lowest	highest	lowest	highest
	%	%	%	%
Health visiting	0.3	24.1	0	18.1
Home nursing	41.3	67.6	16.6	83.3
Home help	9.1	92.7	28.4	93.0

Source: Sumner G. & Smith R. 'Planning Local Authority Services for the Elderly', 1969.

widely (Figure 3.2). But unmet need persists not only because central government finance is lacking or because local authorities place varying degrees of importance on their social service function, but also it is related to the question of consumer demand. It is undeniable that knowledge of rights and services is not widespread among the aged. The main reason given by old people for not applying for National Assistance in the 1965 Ministry survey was their 'lack of knowledge or misconceptions about conditions or provisions'. However, only slightly fewer people said they 'did not apply because they disliked charity or the National Assistance Board or because their pride would not let them apply for help' (Atkinson, 1973). The Brockington and Lempert Stockport survey found that three quarters of their over 80's "said they had no knowledge of welfare organisers". However, on being questioned further, this proportion was reduced to about 6 per cent. It is interesting that in this high risk group "less than 10%... know of the existence of a chiropody service for old people" (Brockington and Lempert, op.cit.). Even when services are publicised there seems to be a reluctance on the part of many of the elderly to take advantage of them. Tunstall believes that "A radically new approach to services for old people is required. The principles of marketing must be introduced to the social services, not in the sense that the services should be paid for; on the contrary, all the services must be free. But the services should be consumer oriented, their shape being determined by what people want, as expressed

in the findings of consumer research and a variety of experiments in local areas" (Tunstall, J. 1965). He would, as it were, take the services to old people. "Every person of pensionable age would be consulted about his needs and requirements once a year... once a year a doctor would visit each old person at his own home, for an examination and check up." This perhaps is not as Utopian as it might at first sight appear. Some radical thought and action is necessary if care for the old is to be anything like consumer oriented. Scarce and expensive resources, particularly in the hospital service, are currently used in what approaches a prodigal manner. The elderly bear heavily on the hospital service. Can a case be made for a more discriminating use of hospital resources?

McKeown and Cross believe that it can. They suggest three criteria which might be used to differentiate potential hospital patients from candidates for local authority residential homes.

1. Patients need hospital investigation or medical treatment.
2. Patients confused or disturbed to a degree that requires mental nursing.
3. Patients who are incontinent or immobile or in need of rehabilitation.

(McKeown and Cross, 1969)

Their Birmingham study demonstrates both 'overlap of functions between hospitals and homes and between various classes of hospitals'.

They found, by their criteria, that 8.4 per cent of residents in welfare homes had disabilities which would have admitted them to hospital while 16.8 per cent and 5.3 per cent of patients in geriatric units and acute hospitals "had no disabilities which make it necessary for them to stay in hospital. They remained because their homes were, for one reason or another, unable to receive them or, more often, because they had no home". Other studies suggest considerably higher rates (Klein and Ashley, op.cit., Moseley, op.cit.). Agate supports the contention that beds are being occupied inappropriately by people who have no continuing medical need. He estimates the rate in some hospitals to be of the order of 10 per cent (Agate, op.cit.). Morrison demonstrates the close association between marital status and length of stay in hospital. Using data from the Scottish In-patient Enquiry of 1964, he examined differences between married and single old people. While differences in admission rates were found to be slight, this was not so in terms of length of stay; single old people were found to remain in hospital twice as long as the married. He concludes that "there is obviously scope for the Welfare Services to remove some unnecessary burden from the hospitals" (Morrison, 1970). There are, of course, other factors which influence demand for hospital care among elderly people. Gedling and Newell among others draw attention to the effect that social class has on admission rates and duration of stay. Admission rates for the medical specialties (geriatrics, general medicine, and chronic sick) and duration of stay increase towards the lower end of the social class scale (Gedling and Newell,

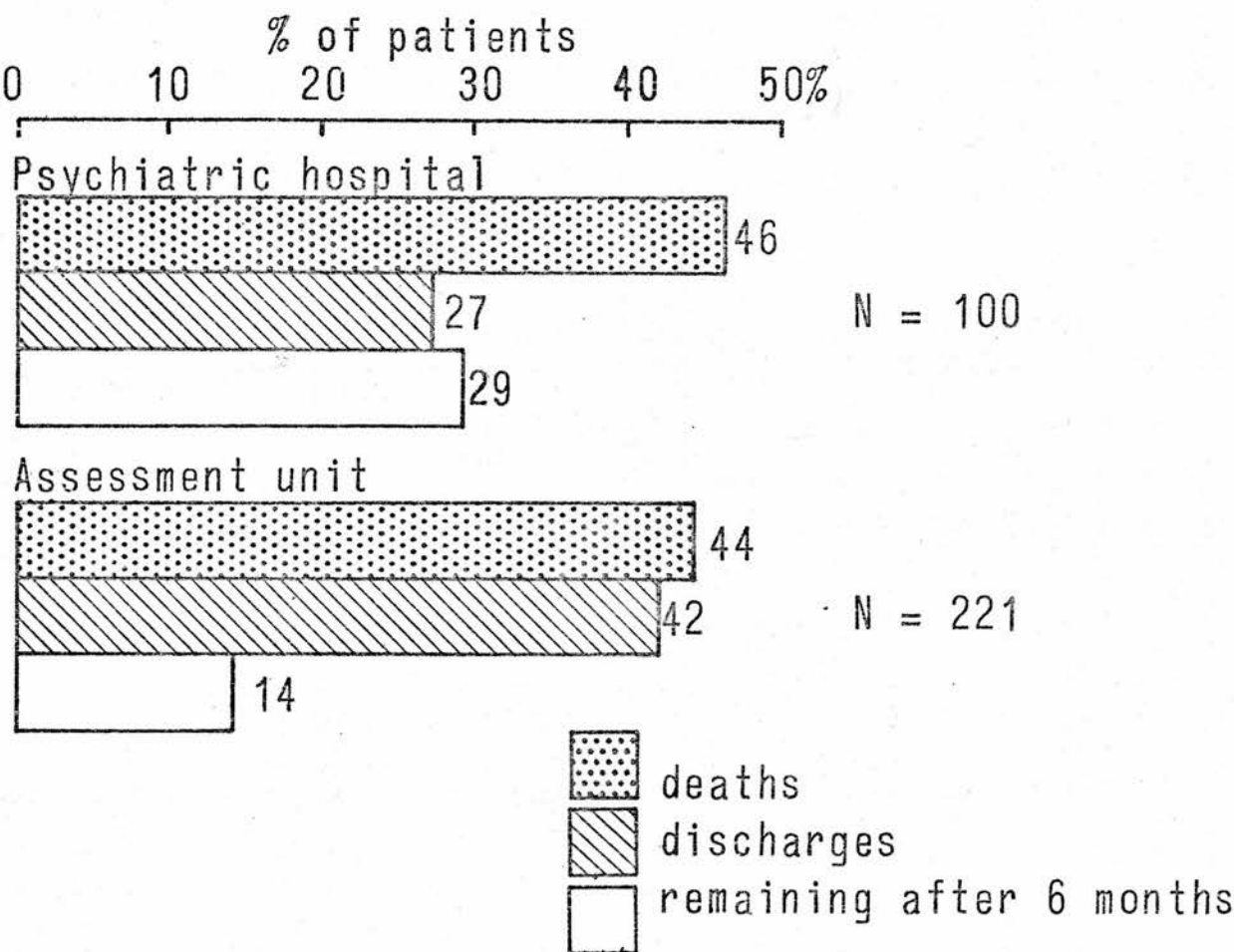
1972). Medical resources then are being directed towards meeting social rather than medical need.

However, this is not the only area of misconception. There is evidence that a better consumer service could be provided in the hospital sector if more widespread and effective assessment procedures were to be adopted. As Kidd says "many facilities for the care of the elderly have been provided largely in advance of the assessed requirements and consequently their value has been lessened by extending those facilities to patients who could more suitably benefit from alternative care and accommodation" (Kidd, 1962). His Belfast study of mental and geriatric patients leads him to conclude that between one-quarter and one-third of all patients over the age of 60 are sent to the wrong hospital; he infers that this kind of misplacement or misconception "brings about early death in significantly high proportions of old people admitted to hospital".

Social factors are predominant among the reasons he offers in explanation of his findings, together with the pressure that patients' families bring to bear on doctors to arrange admission. He also mentioned the problem that general practitioners experience in trying to gain access to geriatric hospital beds which incline them to refer urgent cases to mental hospitals where admission may be more easily and quickly arranged.

Fig. 3.4

Deaths, discharges and length of stay in
a psychiatric hospital and an assessment unit.



Source: King's Fund Hospital Centre, 1971.

This kind of misconsumption could be lessened given adequate assessment services. Although there has almost been a doubling of geriatric assessment beds in Scotland, the number of potential consumers has more than trebled (Figure 3.3).

Figure 3.3

Scotland, Geriatric assessment

Year	Available beds	Cases on waiting list (30th Sept.)
1965	1137	497
1969	1961	1156
1970	1980	1295
1971	2104	1550

Source: Scottish Abstracts of Statistics,
The Scottish Office, No.2. 1972

The value of adequate assessment procedures is well documented. Speaking at a Conference on the Care of the Elderly, Dr. Watson (consultant geriatrician, Barncoose Hospital, Cornwall) provided some data which demonstrates the value of assessment units for the elderly. Among his series of patients, those admitted to an assessment unit had a much higher chance of being discharged (Figure 3.4). And it is early discharge which is sought by both clinicians and old people themselves. The former for obvious reasons of space and efficiency; the latter because no study has yet shown that old people express a preference for an institutional rather than a private life in the community. Certainly life on a geriatric ward may have severe disadvantages.

The National Health Service Hospital Advisory Service, describing the physical limitations imposed by lack of space, mention in some hospitals nurses have to move one bed in order to gain access to the occupant of another. "Elderly patients suffer many inevitable indignities, but should at least be able to wash in privacy, excrete in privacy and die in privacy. Too often these take place in view of others on the ward." (N.H.S. Hospital Advisory Service Annual Report, 1969/1970).

Obviously, for some, hospitalization or long-stay institutionalization may be unavoidable. But for others this service represents a kind of forced feeding. Alternatives are available. The 1962 Hospital Plan for England and Wales recognised this with its suggestion that bed provision rates for the elderly be reduced from 10.8 to 9.4 per 1000 persons aged 65 and over, believing that 'the further development of active treatment and rehabilitation and the wider and fuller provision of services for the elderly outside hospital' would make such a reduction feasible by 1975. (O.H.E., 1968).

One means of providing just such treatment and rehabilitation in a non-residential setting is the day hospital. The establishment of day hospitals is a comparatively new development in the youthful speciality of geriatrics. First started in the late 1950's, there are now at least 120 in the United Kingdom. They are attached to departments of geriatric medicine and serve both inpatient and day-patients. By providing physical rehabilitation and maintenance,

patients are either enabled to leave hospital more quickly than they might otherwise do or else they are relieved of the need to be admitted at all. At the same time pressure on those families providing total care for a patient is alleviated. The aim of the day hospital is essentially to delay or prevent physical or mental deterioration. Clearly a preventive service of this kind could do much to release the pressure on hospital beds and to make life more livable for old people themselves. Unfortunately, the National Health Service Hospital Advisory Service reports that as yet provision is too sparse, functions are too limited and that newly-built day hospitals "have sometimes been built incomplete" (King's Fund Centre, 1971).

Clearly the kind of service which is presently provided has notable inadequacies. While the School Health Service is an established part of the community health services, and has an active preventive role, there is nothing comparable for the elderly. Routine examinations at regular intervals are not as yet part of the pattern of health care. Old people are less likely than any other age group to have any form of check-up on their health status. The Age Concern survey on health reports very small proportions having check-ups - something of the order of 14 per cent (Age Concern on Health, op.cit.). There is an evident need for a service to screen old people for particular disabilities before these become too advanced. Unlike screening in other groups there is a high rate of positive results among the elderly: on average somewhere between three to six disabilities are found in

each individual screened (Williamson, 1967).

The obvious benefits of early detection and treatment has encouraged experiment with special clinics for the elderly. One study in Bristol found 80 percent of elderly patients with multiple disabilities which, had the majority been allowed to continue, would have developed into severe handicaps (Thomas, 1968). Ferguson Anderson, describing his work in Rutherglen, defines the role of the consultative clinic as being to "promote health, prevent disease and thus endeavour to maintain the elderly people in a sound state of physical, mental and social well-being and in so doing to prepare a register of old people living within the district; to search for early and unsuspected disease and in its treatment to integrate the patient's home background with the facilities of the local authority; to act as an information bureau on the services available for old people and to conduct research into the physiological process of ageing" (Anderson, 1960). He further remarks that "Old people relish a complete check-up and far from doing harm the relief of worry occasioned by this is immense." Facilities for this kind of investigation and reassurance are very few and although the increasing numbers of health centres in Great Britain may make them easier to provide, it can in no way assure their existence. As yet, provision in Scotland is sparse.

Figure 3.5

Scotland: Consultative Clinics

	<u>1962</u>	<u>1969</u>
Edinburgh	-	0
Dundee	-	0
Glasgow	-	0
Aberdeen	-	0
Large Burghs	2/19	4/17
County Councils	0/29	1/29

Source: Williamson, J. The Care of the Elderly in Scotland:
A Follow-up Report, R.C.P.(Ed.) 1970

The idea of health centres was first mooted in the 1920's and their provision was made the duty of local authorities under section 21 of the National Health Service Act (1964). The idea was to provide a range of health and welfare services in one building thereby integrating the preventive and curative aspects of medicine. It is only very recently that interest in health centres has re-emerged and there has been something of a boom in building. By the end of 1970, 254 centres had been built in Britain and plans for the latter part of the decade will bring about a quadrupling of this figure, providing facilities for about 28 per cent of all G.P's. (King's Fund Hospital Centre, op.cit.). These centres will not only have the technological resources for preventive care but will also provide staff and working situations such as are not yet commonly available to general practitioners. At the moment provision for community

preventive work among the elderly is undoubtedly inadequate. Lack of resources, including doctors, is basic to this situation. However, better use of present resources is possible. Certainly much more could be done for the elderly by workers other than highly trained doctors. It has been estimated that nurses and allied staff could take over up to a third of the work at present done by general practitioners - particularly tasks such as health/welfare examinations, education, and presymptomatic procedures such as those outlined by Williamson. Although the number of home nurses in Scotland has risen steadily since 1965, there is still a large minority of areas failing to reach Ministry of Health Standards.

Health visitors are more active in the field of health education than nursing care and are the traditional source of advice and guidance for newly delivered mothers. In 1963 the Royal College of Physicians of Edinburgh recommended that health visitors be seconded for specialist geriatric duties on an experimental basis. Williamson's work with health visitors would suggest that given suitable training they could make a much greater contribution to the health and welfare of the old people than they do at present (Williamson, Lowther, et al. 1966).

However, while there has been a certain change in emphasis of care towards the upper end of the age scale, the move has not been substantial.

There are clear and real differences in the rates of

consumption by old people of both nursing and health visiting services, and the latter service in particular is making less than its potential contribution (Sumner and Smith, op.cit.). These findings can be replicated for a wide range of other services which should be active in enabling old people to function and thus remain in the community. As we have seen, chiropody services are essential in maintaining the mobility of the elderly. On the basis that a conservative 20 per cent of the aged need chiropody and that the number of treatments should be around six a year, it is estimated that the numerical increase in treatments would need to be ninefold, and the number of people treated increased seven times (Meacher, op.cit.) Part - although by no means all - of the explanation for the lagging pace of service provision among old people is related to local authority initiatives and priorities. There is now abundant evidence of overall inadequacy and inequality existing between local authority areas in terms of both preventive and supportive services.

Indeed, of all the agents we have mentioned then, it is local authorities which bear most responsibility for provision in old age. The services they provide - or are empowered to provide - are broad based. They include (or included until April 1974) personnel of all kinds, e.g. district nurses, health visitors, home helps. But they also have responsibility for institutional and community housing services; the provision of meals services; and leisure and occupational facilities. They do in effect provide the essential strands of the fabric of what is known as community care.

We have already discussed the fact that scarce hospital resources could be conserved if local authority services were able to provide suitable alternatives for hospital care. Residential accommodation is one possibility. It is a service which might well allow a decrease in the use of places in permanent care within National Health Service institutions. Although it does not cater for old people who require long term or intensive nursing care it can and does provide for those with short term illnesses who are generally unable to care for themselves. It could therefore be utilised to relieve pressure on the hospital service in appropriate cases. At the moment the service is expanding slowly in Scotland and there are now in excess of 12,500 places (Figure 3.6).

Figure 3.6

Scotland: Residential accommodation for the elderly

	Number of homes		Places available		Per cent occupancy	
	1970	1971	1970	1971	1970	1971
Local Authority	206	214	7761	8056	93.4	94.9
Registered homes	142	152	4000	4498	92.5	92.6
All homes and establishments	348	366	11,761	12,554	93.1	94.1

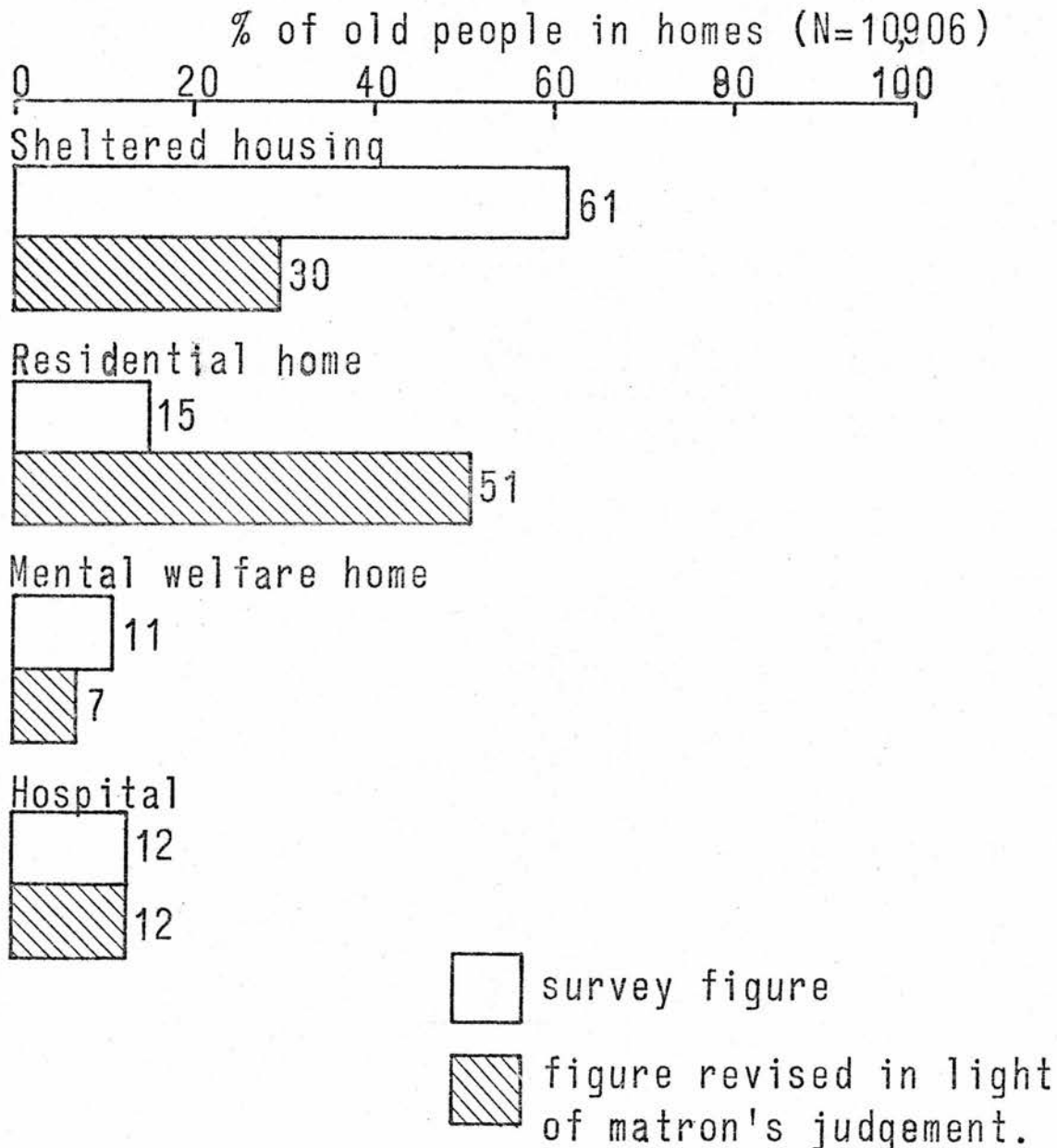
Source: Scottish Abstract of Statistics, The Scottish Office, No. 2, 1972

But like long term geriatric care in the hospital service, the appropriateness and quality of the service for its consumers is open to question.

Fig. 3.7

Scotland:

Suggested allocation of old people currently
in homes to alternative forms of care.



Source: Derived from Carstairs V. and Morrison M.:
"The Elderly in Residential Care",
Scottish Health Service Studies No.19, 1971.

A recent study of the elderly in residential care in Scotland shows a similar picture to that already found among the hospital population. Estimates, which Carstairs believes may be conservative, suggest that just under 30 per cent of residents in all homes might be suitable for outside care in sheltered housing (Figure 3.7). "The absence of suitable accommodation rather than anything else prevents return to the community. It appears to us that the rehabilitative function of the home might well be pursued and developed. Authorities tend to lose sight of the fact that old people could return to the community because for the most part they do not do so. It seems likely that many of those who need admission at a point in time could leave, after a period of social and physical rehabilitation in some stances, if suitable accommodation were available" (Carstairs, V. and Morrison, M. 1971). Wager's study of applicants for local authority residential places in Essex revealed that ".....75 per cent of applicants were not severely infirm in either sight, hearing, speech, mental clarity, physical stability, washing, dressing or continence", and that "... factors other than incapacity are often important in an application arising from accommodation need or difficult household relationships tend to be regarded as more urgent than those arising mainly from incapacity". (Wager, 1972).

Harris similarly reports "..... a very large number of old people go into homes simply because of the lack of other accommodation; at least one in five residents need not have been

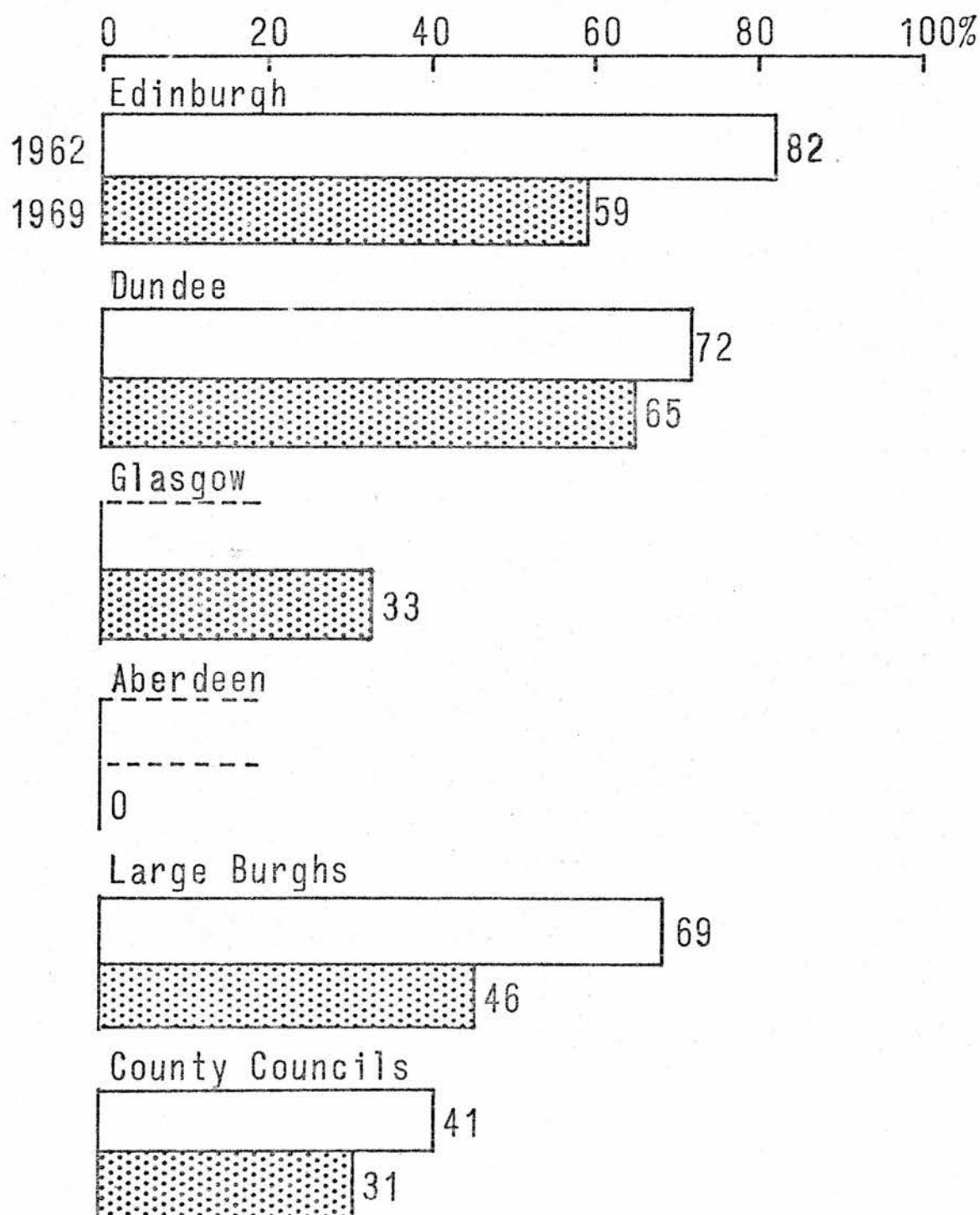
given a residential place if suitable housing could have been provided" (Harris, A. 1968). It would seem that this too constitutes a further source of misconsumption of resources. This does not mean that the residential home is not an essential service for some old people. It serves the needs of a particular group of the elderly - mostly elderly women or the recently bereaved, often moving in from lodgings or boarding houses where the environment may well be unsuitable and inadequate for their needs.

However, doubts about the suitability of much residential provision have a bricks and mortar basis for they rest on the fact that many aged and infirm old people are still accommodated in old poor law institutions where environmental and social facilities are minimal. Townsend's survey of residential institutions and homes for the aged in England and Wales just over ten years ago documented the variation in standards between homes, and in particular made real the gross conditions existing in some institutions: the overcrowded dormitories, the lack of privacy and the minimal standards of comfort. He describes a service in which the body may be held together but where there is little opportunity for the maintenance of self-respect. "A man may have his trousers changed in full view of dozens of other people and may be obliged to get up at 6.00 to 6.30 in the morning, and sometimes sooner" (Townsend, 1962). The situation is demoralising, not only for the clients but also for the staff whose turnover in some of these institutions can be of the order of 100 per cent in a year (Townsend, op.cit.). In Scotland

Fig. 3.8

Scotland:

Percentage of part III beds in former
poor-law institutions.



Source: Williamson J. "The Care of the Elderly in Scotland-a follow-up report", Royal College of Physicians, Edinburgh 1970.

Fig. 3.9

Scotland:

Provision of sheltered housing for the elderly.

	1962	1969
Edinburgh	27	27
Dundee	0	0
Glasgow	-	632
Aberdeen	-	?
<u>Large burghs;</u>		
Housing with caretaker	3/19	10/17
Housing without caretaker	3/19	2/17
County Councils	0/29	13/29

Source: Williamson J. 'The Care of the Elderly
in Scotland - a follow-up report'.
R.C.P. Edin. 1970.

provision of residential accommodation in poor law institutions varies widely (Figure 3.8). It may still be of the order of 100 per cent in some areas. The service may not only be unsatisfactory and inappropriate for the real needs of the consumer, it may shorten his life (Pike, 1972). It can then in no way be considered to be a consumer-oriented service. Townsend and others believe that there should be little or no need for residential homes if housing, domiciliary services and medical care were provided in a more rational manner.

Housing is undoubtedly of major significance in determining who remains in or returns to the community. The outlook for the elderly in terms of accommodation is not promising. There is general agreement that appropriate housing is of major importance if old people are to remain in a community situation. But almost one in three live in houses lacking basic amenities of indoor lavatory, or unshared use of bath or kitchen. There is uncertainty about how much purpose-built housing is contained in local authority stocks. Certainly the development of sheltered housing has been erratic in terms of both numbers and place. One Scottish city has none, Edinburgh has 27 units (Figure 3.9). Townsend has estimated that about 5 per cent of old people need sheltered accommodation and that rate of provision is far from being realised. (Townsend, P. and Wedderburn, D. *op.cit.*). Meacher also emphasises the deficiencies in the field of special housing. At least 103 authorities in England and Wales offer less than 70 per cent of the national average provision per 1000

Fig. 3.10

Scotland.

Provision of home helps, 1969.
(rates per 1000 population)

Edinburgh	0.75	
Dundee	-	
Glasgow	1.16	
Aberdeen	1.34	
Large Burghs	0.91	(0.10-1.97)
County Councils	0.96	(0.27-2.16)

Ministry of Health standard for
the home help service is 1.00
per 1000 population.

Source: Williamson J. 'The Care of the Elderly
in Scotland-a follow-up report'.
R.C.P. Edin. 1970.

population aged 65 and over, including 76 who are supplying less than 40 per cent of the national average and 29 who have built no sheltered housing at all (Meacher, M. op.cit.). The imbalance in provision is likely to remain or even increase, for as Meacher points out, it is the active providers who plan to develop their facilities.

A similar picture of shortfall of provision emerges from almost all surveys of domiciliary supportive services that have been undertaken so far. Local Authority Home Help Services are, as the name suggests, the main source of domestic help for old people who are unable to undertake for themselves such domestic work as cooking, cleaning, laundry and so on. It is a foundation service in the field of community care for it performs tasks clearly essential in the maintenance of old people in their own homes. It should act as a bastion in delaying or making unnecessary admission to residential homes or hospitals, and it should facilitate early discharge from either. As we have seen access is currently limited to 4 per cent of the elderly population and Townsend and Wedderburn calculate that a further 11 per cent of the elderly need or would like to have access to it.

In Scotland, provision is generally below the minimum standards recommended by the Ministry of Health. Only Aberdeen and Glasgow of the four Scottish cities meet Ministry standards, while under a third of the large burghs and a half of the counties replying to the R.P.C. (Ed.) enquiry are able to do so (Figure 3.10)

In some areas in Great Britain the home help service requires to be quadrupled if it is to meet needs (Harris, 1968). Access to the service is not always determined by need but rather by what is locally available. The amount of help given or the units of consumption may vary by as much as between 1-2 hours to 9-10 hours a week but this may not be related to the degree of frailty or handicap of the recipient (Harris, 1968). What is clear is that if the service is to make any kind of contribution to the health and welfare of old people then provision has to be made to allow at least a doubling of consumption. It has been said that 'half a loaf is better than no bread' but from the consumer's viewpoint "the trouble is that the half loaf is getting more and more like a few crumbs" (N.C.C.O.P., 1972).

Like the home help service, the number of consumers of the meals services has risen in recent years. It is another vital means of community support by which people judged unable to cook for themselves are provided with hot meals.

The 'average' meals on wheels service consumer is easy enough to categorise: aged 75 years or more; female; living alone in rented accommodation - probably a tenement flat; she has no home help but does have problems of self-care; she 'manages' for herself on days when hot meals are not delivered; she would like to have more meals delivered if possible.

The kind of service she receives is easy enough to summarise.

The meals are delivered twice a week, probably by a member of the W.R.V.S. The deliverer stays for two or three minutes exchanging a few words before hurrying on to the next recipient. The meal - probably obtained from the School Meals Service - will most likely be mince or stew accompanied by a vegetable macedoine and potatoes, followed by a sponge or tart with custard.

In this brief description are encapsulated many of the defects of not only the meals but of services in general. In the first place, a meal twice a week does not solve the nutritional problems of the consumer. If the aim of the meals service is to maintain nutritional standards among old people thus contributing to their general health and abilities to cope with day to day living, then the minimum frequency of delivery should be four meals a week (King Edward's Hospital Fund Report, 1965). In Scotland, the frequency varies from once to six days a week with a modal frequency of two. Inadequate frequency encourages some consumers to make a single delivery last two days or for two meals - a suspect and undesirable practice. For a minority of consumers there are considerable periods, i.e. in excess of 4 weeks, when no meals are provided at all. Meals are curtailed for many during school holidays, and for the overwhelming majority of old people, provision ceases absolutely over the weekend.

Apart from the adequacy of the service, its role may also be questioned. The meals service is frequently claimed to function as a means of social contact, bringing a breath of the outside world into the houses of the old people. It is said too

that meals deliverers can offer advice and guidance to any old person with personal problems. Of course, deliverers may be able to pick up signs of grosser physical or even mental deterioration but they certainly do not have time to stop for anything more than a few brief words.

The third point which arises from this brief resume of the service is that the meals are not appropriate for the needs of the consumers. The carbohydrate content of meals, usually designed for the dietary needs of the growing child, is too high for old people.

The questions which immediately spring to mind are really concerned with assessment. What is the service trying to do, for whom and how successful is it? Are there other ways in which particular forms of care could be better provided? These questions have relevance for the whole field of community care. The concept - vague in its outlines and content as it is - is basically sound. It is the practice which requires rationalisation.

The social reasons for care in the community of old people are perhaps too well known to bear repetition. Old people cling strongly to the familiar and usually only give up their homes under extremes of pressure or persuasion. Institutional life has few advantages. Order and system which are necessary to ensure the efficient functioning of homes and hospitals have little in common with ordinary day to day living in the outside world

where one's horizons, functions and opportunities for self-determination are so much greater.

There is mounting evidence that it would make economic sense also to invest more resources in community services for old people. Among the relatively few comparative costing exercises which have been done, there is agreement that the cost of domiciliary care rarely exceeds that of institutional residential care. It is claimed that among those receiving domiciliary care the cost equals the cost of maintenance in the residential home in about 1 per cent of cases; the community costs are of the order of 80 per cent of the costs of residential care in another 1 per cent; that in fewer than 0.1 per cent of cases does domiciliary care equal the cost of the cheapest hospital bed, and that hospital day care can provide the same kind of medical and physiotherapeutic facilities as inpatient care at a quarter of the costs (Meacher, *op.cit.*). A recent study of the disabled reports findings of the same kind: the cost of caring for disabled people living at home is £10 a week lower than in hospitals or residential homes (The Economist Intelligence Unit, 1973). As for sheltered housing the capital cost in 1966 of special units was £1,500 compared with £1,900 for a place in a residential home (Meacher, *op.cit.*). The alternative systems of care we have discussed seem not only to have advantages from the consumers viewpoint but are economically advantageous.

However, while socially and economically desirable, community care is not meeting the needs of old people in practice. Isaac's

study of a sample of old people admitted to his Glasgow unit says: "A list of domiciliary services available to the elderly contains the names of many other services provided by Regional Hospital Boards, Local Authorities and voluntary organisations, but none of these made any significant contribution to the care of geriatric patients. Three of the 280 patients received Meals on Wheels two days a week; one used the home laundry service . . . a few had domiciliary physiotherapy, occupational therapy or chiropody; more attended luncheon clubs or day centres. These deficiencies of community care were due either to non-existence of the service (day hospital, Good Neighbours) low provision (Meals on Wheels, laundry service, night sitters, occupational therapy, physiotherapy, chiropody), low utilization of an adequately available service (home help, district nurses . . .). There were obvious financial and staffing difficulties to explain some of these inadequacies, but there was also a lack of any mechanism for determining what were the real needs and for discussing and providing services to meet them" (Isaacs, Livingstone and Neville, 1972). Dr. Isaacs has, of course, knocked the nail right on the head.

Certainly part of the explanation for the unequal provision and application of community services is due to the fact that there is still too little knowledge about need. Leaving aside the thorny question of what constitutes need for later discussion and questions of whether or not we include all those who say they would like to have services with those who are judged to need them

by normative standards, there is as we have seen abundant evidence that there are more people in the community in need of supportive services than are receiving them. There is evidence that there are as many highly dependent people - measured in terms of nursing needs - in the community as in hospitals and institutions (Klein, R. and Ashley, J. op.cit.). That old people's needs remain constant, although consumption varies dramatically from place to place, is due to a combination of factors: ignorance of the size of the problem may be one; certainly insight into the problems of old people is another. Local authority committee priorities are clearly another factor which contribute to inequality. While some councils are prepared to give high priority to supportive community services, others clearly are not. Certainly expenditure on services varies widely between authorities.

Even where services are provided, access is limited by a wide range of factors. Some local authorities have virtually no conditions limiting access, others have many. One person, judged deserving in one area, will not be judged so in another. Access too is affected by the referral source. The general practitioner's referral, which is no guarantee of service, is often mandatory for many community services. Yet there is evidence that general practitioners are often ignorant of the services that should be available to their patients. Where they are aware, preconceptions of availability and function may intervene and stop referral. Of the meals service one local authority officer said: "General practitioners are not intellectually

convinced - they think of it as a cup of soup by the back door".

Nor can one rely on self-referral as an efficient means of ensuring that the needy are helped. This present generation of old people have markedly low levels of expectations and are, more often than not, unaware of the existence of services or of their rights in respect of them.

One knows that in some cases misconsumption is taking place. One suspects that in others it is too. Evidence is not always available. Certainly in the Meals on Wheels survey a substantial minority of recipients could have been helped in other ways, e.g. a tenth would choose to attend a lunch club rather than have a meal delivered (a much cheaper way for authorities to provide a meal). They were given no choice. Part of the reason for misconsumption is that there is no real assessment of the consumer's need. They tend to get whatever is available at a particular place and point in time. There is no integrated approach to individual need because there is no real integration of services. These surveys, like others before them, demonstrate the marked lack of liaison between departments of the same authority. If provision is to be at all effective there must be liaison not only between these departments but also between the many groups who are responsible for making provision in the health and welfare fields. There are some but not many signs that this is happening. Unless and until it does it will be difficult to provide the consumer with a rational and coherent service tailored

to meet his needs. It will certainly be virtually impossible to provide a good preventive and supportive service in the community.

P A R T I I

CHAPTER 4

THE NATIONAL SURVEYS OF MEAL SERVICES

Background

This national survey of meals services for the elderly, the first of its kind in Scotland, had a multi-purpose orientation. Its most important aim was to investigate the provision, preparation and distribution of meals by Meals on Wheels and Lunch Club organisations throughout Scotland. It included an examination of the role of the Home Help service, seen through the eyes of meals organisers, in the preparation and provision of food, and the service's usefulness in general to the elderly; the attitudes of the recipients towards the services; and the role of Local Authorities and voluntary organisations in the provision of care of this kind.

The purposes of the survey were outlined in greater detail in the grant application as: "to establish the distribution and size of meals services throughout Scotland; to record variation in organisation as well as in the type and frequency of the meals provided.....to establish to what extent the meal services are under pressure, if any, to expand their existing services.

"The views relating to the meal services will be sought from Local Authorities, the Service Organisers and the recipients of the services..... Questions will be asked about the part played by the Local Authority Home Help Services in the purchase of food

and its preparation in the home."

In effect this study, starting in May 1968, and covering the whole of Scotland, consisted of seven separate, but inter-related, investigations. These were:

- (i) Two postal surveys of all local organisers of Meals on Wheels and Lunch Club organisations throughout Scotland (see Appendix A).
- (ii) Two interview surveys of samples of organisers of Meals on Wheels and Lunch Club services in order to obtain information additional to that already obtained under (i). These extended depth interviews enabled a more comprehensive and deeper investigation into organiser attitudes (see Appendix B).
- (iii) Two interview surveys of random samples of recipients of both services at their home addresses in areas selected for surveys (ii) (see Appendix C).
- (iv) A survey of thirty-four local authorities, mainly drawn from areas visited whilst conducting surveys (ii) and (iii). These interviews were conducted in depth with the official or officials most directly concerned with the services. The officials interviewed thus varied from Social or Welfare Officers or Workers to Medical Officers of Health, depending on the local authority allocation of responsibility (see Appendix D).

Methodology and statistical design

The organisation of the seven surveys was necessarily complex and required overall administration and control. An experienced Administrative Assistant was therefore appointed to work on a part-time basis from April and throughout the summer of 1968, when the field work was to be most intensive. She organised the dispatch and supervised the return of both postal surveys, following up non-returns both by letter and wherever possible by telephone. Hard-core non-respondents, especially in the more distant parts of Scotland, were listed and noted for a personal call by interviewers who were to be operating in those areas later in the year. She and other staff members checked all returns for inconsistencies which were then followed up in the same manner as the non-respondents.

The postal enquiries

All cities, counties and large burghs in Scotland were circularised, requesting the Authorities to fill in and return a form. This form enquired whether a Meal on Wheels or Lunch Club service existed within their areas and also asked for the name and address of the organiser(s). It was hoped in this way to obtain a complete list of all organisations providing some kind of meals or nutritional service.

In addition, and partly as a check, a list of Meals on Wheels and Lunch Clubs organisations was obtained from the

Women's Royal Volunteer Service (W.R.V.S.) in Edinburgh. All organisers, whose names and addresses were thus obtained, were sent questionnaires (see Appendix A).

At the same time as the postal surveys were put in hand, the ground work was completed for the interview work. Service centres having been randomly selected from pre-determined strata, organisers of each kind of service from these centres were selected in accordance with a few simple rules, viz: that all organisers of more than two Meals on Wheels or Lunch Club services were to be taken and the remainder sampled on a 1:4 basis. Thus the sample-survey organisers of both services were identified and letters were sent to them requesting their co-operation by allowing us to interview them and by providing us with membership lists from which to draw the samples of service recipients (see Appendix E).

The outcome of these letters was very successful. No one indicated an unwillingness to be interviewed and only a couple of organisers expressed reluctance to allow us access to the recipients and did not return lists to us for sampling within the Department. (However, the missing lists were all obtained in the course of the survey when staff members called to explain in greater detail the objectives of the research.) Random samples of recipients drawn from these lists were then interviewed in their own homes.

Thus, by May, all organisers of services were identified and the samples of recipients had been drawn. Field work staff had

already been engaged and allocated to areas. Social Medicine Department staff were responsible for the organisers' and local authority officials' survey and for some recipient interviews, particularly in the rural areas. However, in addition, four highly trained Government Social Survey interviewers were available to undertake the recipient surveys in the Glasgow-Edinburgh areas and following the pilot survey and minor amendments to the schedules, the main recipient surveys were in the field by June. The same checking procedures were initiated for the interview surveys as for the postal. Although a briefing conference had been held, initially all interviewers were asked to complete either five main survey schedules for recipients (i.e. about a day's work) or one local authority interview. These were then checked for completeness and understanding before the interviewer was allowed to continue with her remaining allocation. Callbacks, set at two, occasionally reached five, but did ensure response rates in excess of 90 per cent.

The Sample Design

The sampling procedure adopted served to draw a single sample of cities, counties and burghs which formed the basis for the investigations of not only the Meals on Wheels Service but also the Lunch Club service. The surveys of both services were conducted simultaneously and in parallel.

To ensure adequate representation of large as well as smaller urban centres, all cities, counties and large burghs were grouped into one of four strata (using 1961 population census data):-

- (a) cities with a population in excess of 100,000
- (b) all areas with a population between 50,000 and 100,000
- (c) all areas with a population between 20,000 and 50,000
- (d) all areas with a population less than 20,000.

From each of these strata a simple random selection of centres was chosen provided only that they contained either a Meals on Wheels or a Lunch Club organisation; many contained both but this did not affect the probability of selection. The small number of large population centres did not permit a constant sampling fraction; in fact, all centres in the first two strata were covered by the survey. The selected sample areas and list of areas where organisers and recipients were interviewed are shown in Appendix F.

Tabulation and Data Processing

Varied methods of data handling, filing and analysis were employed. These ranged from hand-sorting and manual extractions for the partially structured Local Authority interviews to local on-site computer tabulations as well as filing to magnetic disc on a remote IBM 360/50 computer. Where electronic data processing seemed appropriate, locally developed survey programmes were employed whose chief merit lay in their ability to accept binary or multi-punched coding.

Response Rates/

Response Rates

Response rates were uniformly good and are recorded below:

Meals on Wheels Surveys

<u>Type</u>	<u>Number of Returns/ Interviews/Original sample</u>	<u>Response Rate (%)</u>
Postal	218/259	84
(Note: original postal sample	282	
Losses due to combination 12)		
Losses due to)	23	
closure 11)	—	
	259	
Non-returns	41	
	—	
TOTAL	218	
	—	
Interviews - organiser	53/53	100
- recipient	383/412	93
(dead, unfit, untraced: 28)		
- Local Authority	34/35	97

Note: Initially 282 Meals on Wheels questionnaires were sent by post but twelve of these services were found to be joint or combined services so the effective number of organisers written to was 270. Of those, 218 returned questionnaires. Of the 52 who did not reply we eventually established that 11 had closed down; the remaining 41 were general losses and, although we suspect that some of these may have closed down, we are unable to confirm this.

Lunch Club Surveys/

Lunch Club Surveys

<u>Type</u>	<u>Number of Returns/ Interviews/Original sample</u>	<u>Response Rate (%)</u>
Postal	90/120	75
(non-returns	21)	
incomplete returns	2)	
refusals	1)	
closed	3)	30
Lunch Club combined	1)	
'no Lunch Clubs')	2)	
Interviews - recipients	236/269	
(ex-attenders	19)	
untraceables,)	
dead, in hospital)	33
etc.	14)	88

Note: The Lunch Club recipient survey sample achieved a lower response rate than its Meals on Wheels equivalent due to the large number of ex-attenders drawn for interview. Of the 19 ex-recipients, 10 had withdrawn from the service because of deteriorating health or travelling difficulties, the remainder for a variety of reasons such as dietary difficulties. Clearly membership lists had not kept pace with the withdrawals. If these are excluded from the original sample the response rate becomes 94%.

The function of the meals services

The fundamental purpose of the meals services is not only to provide recipients with food, but also to widen or maintain their social contacts. Both meals on wheels and lunch clubs are well established throughout the United Kingdom and have been prominent among those services pioneered by voluntary organisations in Britain. Certainly a mobile canteen service was operating in Chelsea in 1945 providing hot meals for the infirm elderly and the housebound. In Woolwich (London) the O.P.W.C. (Old People's Welfare Committee) provided premises and manpower

while the London County Council, as it was then, provided the meals (one course at a charge of 6d per head. Old people's clubs originated at the turn of the century. In Scotland one of the earliest clubs was for elderly cabbies. Roberts reports that the speed of club development increased in the 1920's as a result of the efforts of social workers on behalf of old people from the deprived urban areas of the major cities (Roberts, op.cit.). It is difficult to determine exactly how many clubs exist today, but "it is probably over 9,000, ranging in type from the group of twenty or so which meets one afternoon a fortnight in a hired room in a country pub to a purpose-built centre serving a city area, open all day six days a week, and providing every possible facility from meals and baths to chiropody and hairdressing..." (Roberts, op.cit.).

Of course, the relative importance of each service varies widely, depending largely upon the functional value each is thought to possess. The Ministry of Health circular on the organisation of Meals on Wheels (5/70) takes a somewhat firm stand: "meals-on-wheels are inevitably a second best service, since they involve an interval between cooking and service which would ordinarily be unacceptable". It suggests that "good neighbour" schemes or the use of Home Helps may offer a more desirable means of providing meals, while "lunch clubs and day centres, the number of which is steadily increasing, are preferable to meals-on-wheels, both on nutritional and other

Fig. 4.2

A comparison of 1968 and 1972 service frequencies
for 177 W.R.V.S. meals on wheels schemes in Scotland.

		1968 frequency per week:					All schemes	
		1	2	3	4	5	No.	%
1972 frequency per week:	1	1	0	0	0	0	1	1
	2	6	94	0	0	0	100	57
	3	0	7	32	0	0	39	22
	4	1	10	1	1	0	13	7
	5	0	0	2	1	21	24	14
All schemes		8	111	35	2	21	177	100

grounds, and because they offer an opportunity for social contact and encourage mobility".

However, whatever the opinion of the Department of Health and Social Security of the comparative values of the two services, the Meals on Wheels service remains the dominant partner in terms of the number of meals served, although, as Figure 4.1 demonstrates, there is a trend towards more emphasis being placed on club-served meals.

Figure 4.1

Number (millions) of meals served (England and Wales): 1967-1970

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
<u>In:</u>				
Recipient Home	11.3	12.6	13.9	15.0
Centres	4.9	5.9	6.8	7.7
TOTAL	16.2	18.5	20.7	22.7

Source: Digest of Health Statistics, 1971.

The following chapters report the findings of research designed to elicit more detailed information than has been available previously about the function and organisation of these services in Scotland. In the process it is to be hoped that questions relating to the rationale of the services will occur. For some of these questions there are answers, for others none. What is important is that the questions will be seen to be worth the asking and that the results of this research will have also some value in the practical field.

Changes 1968 - 1974

The data reported here were largely collected between the summer of 1968 and 1969. The subsequent analysis was somewhat delayed for several reasons, including a delay of six months due to a change in computers. In all, a period of some four years has elapsed since the time of data collection and this thesis. The question of possible change during this period and its effect on the viability of the work has to be considered. Have invalidating changes occurred? The short answer would seem to be 'no'. Dramatic change, either in organisation or coverage and extent of service, does not seem to be a characteristic feature of at least domiciliary meal services in Britain. While there has been a slow increase in coverage at a national level the number of meals on wheels recipients remains at a level lower than most commentators think desirable. (Appendix G).

A comparison of the meals on wheels service in Scotland between 1968 and 1972 is shown in Figure 4.2. The data provided by the Women's Royal Voluntary Service (W.R.V.S.) support the conclusion that while there has been an upward trend in provision in terms of both coverage and frequency of service, the rate of change has been slow. Figure 4.2 demonstrates changes in the frequency of meals deliveries between 1968 and 1972 for 177 W.R.V.S. schemes for which comparative data is available.

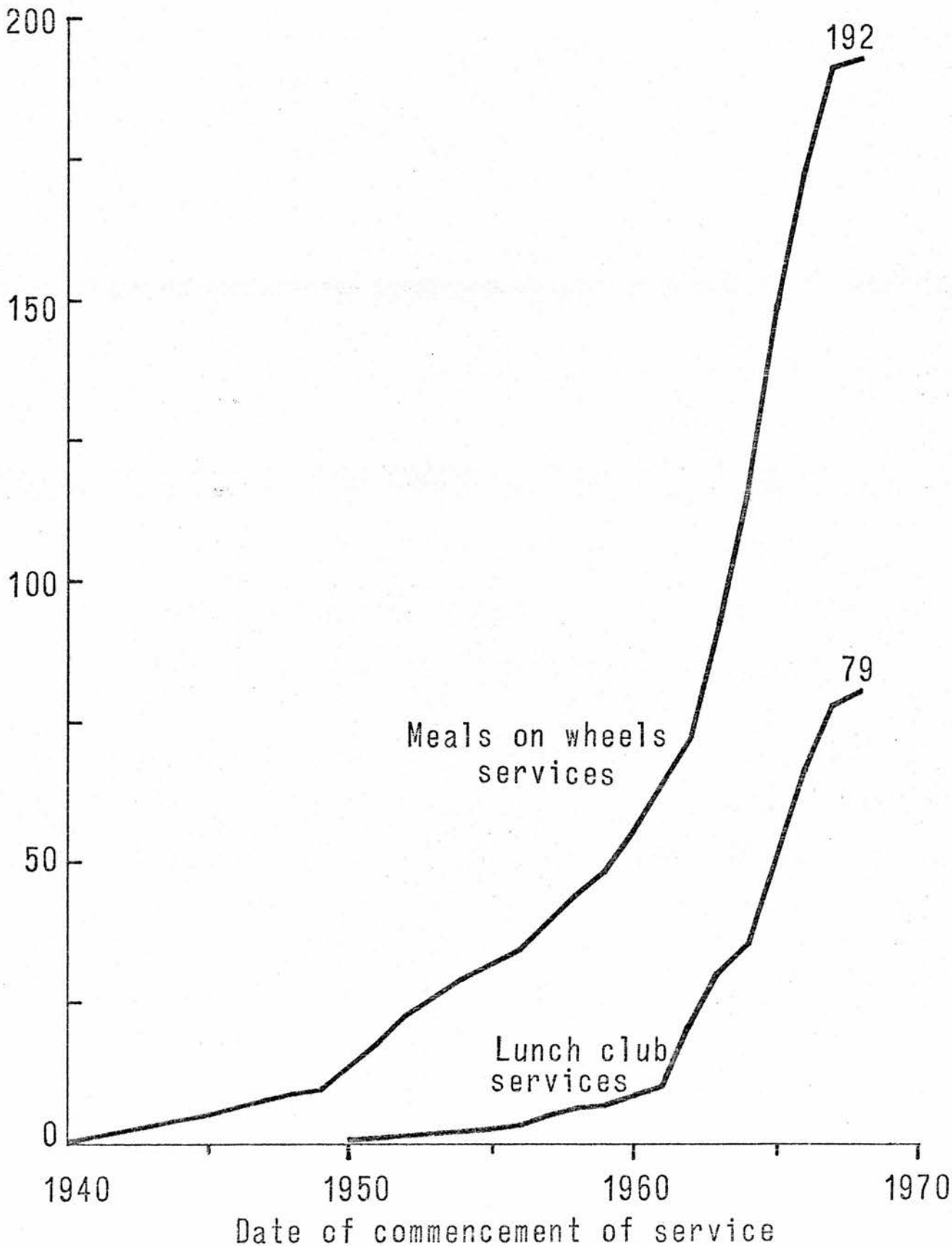
While there has been no decrease in frequency of delivery, the modal frequency in 1972 remains as it was in 1968-1969. There is then a long way to go before the four-day service goal of the

meals on wheels service is to be achieved, although the W.R.V.S. are clearly making a concentrated effort towards upgrading frequency and increasing coverage. Overall, membership of schemes has increased at rates ranging from 10 to 50 per cent, depending on area. Although some of these rates are based on very small figures, the trend is encouraging. It is to be hoped that it cannot only be sustained but continued.

Fig. 5.1

Growth of meals services schemes. Scotland 1940-1968
(Total schemes for which information is available)

Number of schemes
established (cumulative)



CHAPTER 5

THE SERVICES IN SCOTLAND

Development and Organisation

The meals-on-wheels and lunch club services have developed mainly in the last twentyfive years. For some they retain overtones of former middle-class charity, but in their present form they are an adjunct to the general growth of the health and welfare services in the post-war period.

By the National Assistance Act of 1948, local authorities were enabled to make financial contributions to voluntary organisations for the provision of meals services. Following the Act, various Ministry of Health circulars attempted to stimulate interest and co-operation between local authorities and voluntary organisations to provide services for the elderly. Growth was slight and slow and it was not until the sixties that development was accelerated when the passing of the National Assistance Act of 1948 (Amendment Act 1962) gave wider powers to local authorities to help voluntary organisations with vehicles, equipment, premises and staff in addition to financial aid, and also empowered them to provide meals services themselves. Little reliable detailed evidence about the development of the service in Scotland has so far been available. Figure 5.1 shows the growth of the meals services in Scotland, calculated from the evidence of our 1968 survey. Outside the four cities, only one meals on wheels scheme is known to have been established before 1949. The end of the fifties saw the

development of about 25 per cent of present services, but the most rapid growth occurred between 1963 and 1966 when half of the schemes for which we have information were started.

Lunch clubs experienced an even more laggardly growth. Among those clubs for which we have returns, only one was working before 1955. It was not until the latter part of the sixties that sustained growth took place in Scotland. Some forty-six of the seventy-nine clubs providing information were established between 1965 and 1968.

There is no question that legislation and government interest made an impact on the development of meals services and made possible their expansion. However, the fact that only a couple of local authorities took advantage of the 1962 Act to provide meals on wheels schemes themselves bears witness that it was individuals and groups concerned with the welfare of the elderly who carried the burden of organising and supporting such schemes, and it is upon these people now that the onus for organisation and manning largely rests.

The Voluntary Organisations

Responsibility for the day-to-day organisation of schemes lies mainly with members of national voluntary organisations or affiliated small groups. The interests and work of these organisations vary widely. Some are solely concerned with providing meals and occasional outings or treats for old people within their own communities. For other, generally larger, agencies the meals services constitute only part of the wide range of activities which may or may not be directed solely towards meeting the needs of the elderly. However, even among these latter organisations, particular individuals are entrusted with responsibility for an area scheme or schemes, and, in the overwhelming

majority of cases, the work is done voluntarily. Most, although not all, of these voluntary groups are supported to varying degrees and in different ways by local authorities. Very few schemes indeed are both organised and run by local authorities without some kind of voluntary help.

Of the 218 meals on wheels schemes for which we have information, 170 (78 per cent) are run by members of the Women's Royal Voluntary Service (W.R.V.S.). Apart from the W.R.V.S., the Scottish Old People's Welfare Committee (O.P.W.C.) and affiliated groups are responsible for 33 of the remaining schemes, the rest being provided by a variety of organisations, including the Red Cross, the Salvation Army, Women's Guilds, the Inner Wheel and Local Authorities. (Where a scheme is organised by a group from several different agencies, it has been allocated to the organisation of which the organiser herself claims membership).

The W.R.V.S. is firmly established then as the main provider of meals on wheels schemes in every city and region in Scotland (Table 5.1). It is solely responsible for running the service in the large cities, and elsewhere almost 80 per cent of meals organisers are W.R.V.S. members. The O.P.W.C. is most active in the West Central region where it organises one scheme in five, while in the crofting Counties the same proportion is the responsibility of "other" voluntary organisations, such as the local ratepayers' associations and the Inner Wheel. The activities of the Red Cross appear to be limited to the Borders and West Central regions.

In contrast the Lunch Club services are much more likely to be organised by members of the O.P.W.C. Of the ninety clubs for which information is available, 32 are run by the O.P.W.C.;

a further 13 by local authorities; 19 by the W.R.V.S. and the remainder by church organisations, old age pensioners' clubs and other varied agencies.

Characteristics of schemes in relation to size, frequency and continuity of services

Virtually three-quarters of meals on wheels schemes in Scotland are small, with memberships of fewer than 30 recipients. However, some not altogether unexpected regional variations exist. (For the areal basis of the regional groupings, see Appendix H.) As one might expect, the cities all have schemes with more than 60 recipients but none of this size operates in the Crofting or North-Eastern regions or in the Borders where at least eight schemes in ten serve fewer than 30 recipients. (Table 5.2). An examination of the size of the scheme area and the size of the population of the area in which it operates goes some way towards explaining this distribution. All areas with a population in excess of 100,000 have large schemes, as also have the majority in centres with populations of between 50,000 and 100,000. However, in places of between 20,000 and 50,000 people, most schemes are intermediate in size, i.e. between 30 and 60 recipients, while in centres with a population of fewer than 20,000 people, 78 per cent of the schemes have fewer than 30 recipients.

Three-quarters of the schemes run by the W.R.V.S. are small

(fewer than 30 recipients) compared with half of those run by the O.P.W.C. Of the three Red Cross schemes which provided returns, all have recipient memberships of fewer than thirty people. The fact that the O.P.W.C. runs proportionally twice as many intermediate-sized schemes as the W.R.V.S. may reflect a different organisational policy on their part, but more probably results from the fact that two-thirds of their schemes are located in the more heavily populated East and West Central regions.

Small size is equally a characteristic of lunch club services, for 29 or the 77 clubs for which we have information have fewer than thirty members, and a further 27 have a membership of between thirty and fifty-nine. The tendency of meals on wheels schemes organised by the W.R.V.S. to be small is reproduced with respect to lunch clubs. Approximately half of the schemes run by the W.R.V.S. are small by our definition compared with fewer than a third of the O.P.W.C. - organised clubs.

Because of geographical differences between the regions, particularly in respect of population density, the frequency of meals on wheels deliveries and the days upon which the service operates are examined in relation to the population of the area served by the scheme. Overall, only one centre in five is working at least four days a week. In the majority (50 per cent) members go out on two days only. As one might expect, organisations running the city services are more active than elsewhere. Three of

the four cities work four days in a week, while Edinburgh works five. Only in the Borders and the East Central areas, where between a fifth and a quarter of the schemes operate on five days, is there any activity comparable with that of the cities (Table 5.3). City lunch clubs are much more likely to offer a five day service, particularly in Edinburgh and Dundee where between six and seven clubs in ten are open from Monday to Friday (one club in Dundee offers a six day service). In Glasgow only four clubs in nineteen are open on four days a week. Elsewhere club service is most often available on fewer than three days a week. Indeed, one club in a rural North-Eastern area meets once a month.

Lunch clubs are in fact a feature of urban areas. Half of the clubs in this survey are to be found in Dundee, Edinburgh and Glasgow (Aberdeen supports none). Smaller urban areas accommodate a further fifth, leaving about a third in small towns (fewer than 20,000 population), and villages.

Frequency of service to most recipients

It should not be assumed that because a scheme operates on five days during the week that the recipients all receive five meals. When schemes are categorised on the basis of the number of meals on wheels received by the majority of recipients during the week, we find that in the cities with high levels of daily activity, the majority of recipients receive only two meals a week. (Table 5.4). Elsewhere, there is a fairly high correlation between

the days of operation and the number of meals provided.

Regional variations in frequency of service between centres of comparable size will be commented upon later. However, it does appear that geographical differences do not provide the complete answer and that some other explanation must be found. One question which might be raised concerns the effect on provision, if any, which the agencies running the service have. This question is complicated by the fact that for a variety of reasons, these organisations are not always free agents. However, assuming that different agencies in the same areas operate under comparable condition, some variation in provision is evident. Harris (1960) found that schemes for which the O.P.W.C. were responsible operated on more days than those run by the W.R.V.S. and ten years later the situation remains substantially unchanged. Approximately two-thirds of centres organised by W.R.V.S. and all of those by the Red Cross provide the majority of their recipients with one or two meals a week, the comparable proportion for the O.P.W.C. is lower (40 per cent). No Local Authority service provides fewer than three meals per week, while most give five or six.

It is interesting to note that while it might be assumed that lunch clubs would provide recipients with a higher average number of meals per head than the delivery service does, in practice this is not so. Although a third (31) do provide their members with a five day service (a much higher proportion than is found among meals on wheels service centres), for the majority of lunch club recipients just over half (46) of the ninety clubs provide lunches only twice

or less often in the course of the week. Similar differences in levels of provision between agencies are found among lunch club services. In half of O.P.W.C. and local authority clubs the service operates on five days a week; in seventeen out of the nineteen clubs organised by the W.R.V.S. the service is available twice weekly or less often.

Numbers and frequency of service

The actual number of meals on wheels supplied in all areas is shown in Table 5.5. A minimum of 16,000 meals a week is supplied by the schemes for which there is information. If this total is supplemented by returns given by the local authorities prior to the commencement of this study, the number is increased to 19,000.

As one might expect, more meals are served on Monday after the weekend service lull than on any other day of the week. No meals at all are served on Sunday, and very few indeed on Saturday. Saturday services are found only in the East Central region where nearly all the recipients are catered for by one Local Authority-run service at Kirkcaldy. Weekends apart, there would seem to be a mid-week hiatus, particularly in the cities, Crofting and West Central regions.

Approximately 6,000 recipients are provided with meals on wheels in Scotland, well over half of whom receive them no more frequently than once or twice a week. This proportion is greatly

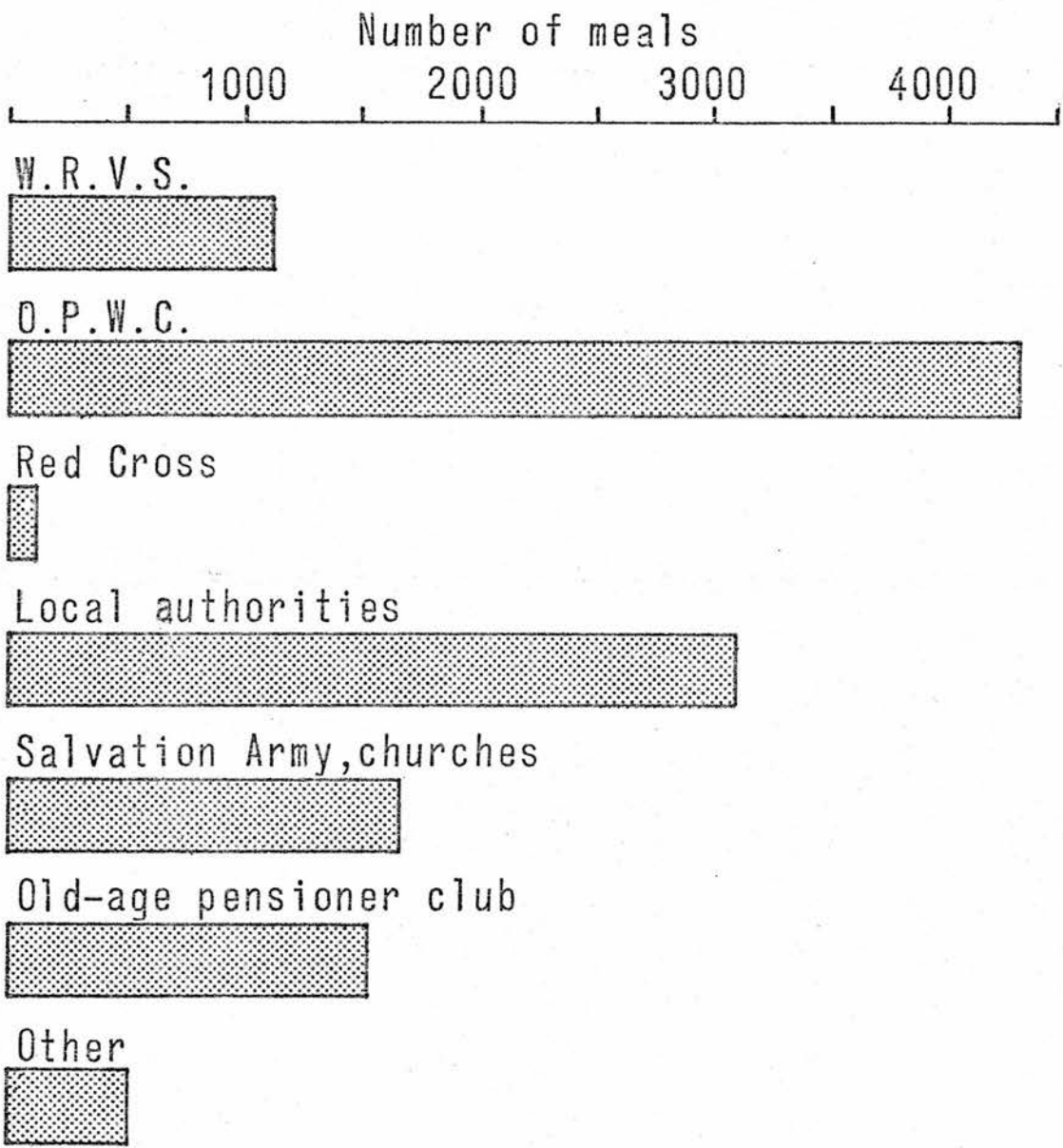
increased in the four large cities where only Edinburgh, providing three meals weekly to above a third of her recipients, is an exception to the rule. Outside the cities, recipients who have six meals a week are found solely in the East Central region, although varying numbers in all regions receive five. The number of meals served to each recipient in relation to the organisation responsible for running the service is shown in Table 5.6. A much higher proportion of old people who are catered for by local authority controlled schemes benefit from five or six meals a week compared with those operated by voluntary organisations. However, this difference may not necessarily demonstrate greater efficiency or enthusiasm but rather easier access to finance and support at local authority levels.

As one would expect, fewer meals are supplied in lunch clubs than are delivered to old people's homes. The lunch club figures, like those of the meals on wheels, are undoubtedly somewhat underestimated. Table 5.7 shows that a minimum of 11,500 meals are provided in lunch clubs each week. This table is based on returns from eighty-five clubs. (Five clubs either did not provide meals during the week of the survey or else did not provide the information requested. If this total is supplemented by returns given by local authorities, the figure becomes 13,798. In all there are about 5,500 lunch club recipients in Scotland.)

Unlike the delivery service, there is no particular effort to make provision on Mondays. Indeed, there are fewer meals

Fig. 5.2

Number of lunch-club meals provided each week
by various agencies. Scotland 1968



served on Monday than on any other day of the week. There is, of course, not the same kind of need among the more active and mobile lunch club recipients. Similarly, strong areal contrasts in provision exist. While at least half of lunch club meals are provided in the cities, the comparable proportion for the delivery service is approximately one-eighth, the remainder being concentrated in the regions where, apart from the West Central region (and to a lesser extent, the East Central), lunch club development is negligible. One interesting result of the lunch club survey is the provision made by local authorities. Direct participation by the local authority is much higher in the lunch club service than in the meals on wheels. After the O.P.W.C., local authorities provide more meals than any other agency (see Figure 5.2).

Continuity of Service

In just over half of all meals on wheels centres, meals are supplied every week throughout the year. That is to say, there is no break in service of more than one week. Just over a fifth of all schemes close for a month or more, and of these approaching half are to be found in the Borders region. Indeed, continuity of service in this area is maintained by only one centre in five compared with four in five in the Crofting areas and the North East. All the schemes which close for more than a month are to be found in towns with populations of fewer than 20,000 people, and the great majority cater for fewer than 30 old people.

The data from the 1968 survey suggests that approximately a third of all meals on wheels recipients are affected by a close-down of service during the year, and that about one recipient in ten has no meals supplied for periods exceeding four weeks. However, of the two thousand recipients whose meals are stopped, well over half have to manage for themselves for not more than three weeks, and most of them for less than two weeks.

The reason most often quoted by organisers in explaining why schemes close down is that their supplier is not operating at particular times during the year. Generally, this means that the Schools Meals Service, which supplies 75 per cent of all meals on wheels schemes in Scotland, closes down during school holidays, and that there is no alternative supplier available. Just over a quarter of schemes for which the School Meals Service is the main supplier close for more than a month each year. The only other schemes involved in closures of this length are those supplied by private hotels or cafes, and by voluntary organisation kitchens, but in both cases the proportion of schemes involved is much lower.

Inability on the part of the suppliers to provide an all-year service to organisers is unlikely to be the sole reason for service closure. Only half of the meals on wheels organisers in this study believe that recipient demand for the service remains unchanged throughout the year, the remainder point to a fall-off during the

summer months. A ranking of regions in terms of uninterrupted service and organiser statement about variation in recipient demands shows the following relationship (Figure 5.3).

Figure 5.3

Rank position of proportion of meals on wheels organisers

Region	- believing no change in consumer demand throughout the year	- supplying a service throughout the year
Crofting	1	1
North East	2	2
East Central	3	3
Borders	4	5
West Central	5	4

Note: Rank 1 indicated region with highest proportion of organisers subscribing to statement or region with highest proportion of uninterrupted services; 5 the lowest.

It would seem therefore that there is some connection between organisers believing there to be no change in demand and uninterrupted service. It is difficult to determine which is the more significant factor.

The reasons given for a reduction in summer demand vary considerably. The most popular, mentioned by seven organisers in ten, is that recipients go away on holiday. A further three organisers in ten believe that people prefer looking after themselves during the summer when they are more active and able to get about. However, a tenth of the organisers give as a reason

for the summer fall-off in consumer demand the fact that their schemes close down.

Unbroken service is even less a characteristic of the lunch club service than of the meals on wheels, for while one in two delivery services are maintained through the year, among lunch clubs the proportion is just one in three. Over a quarter of lunch clubs close for more than a month each year. Of the twenty-four clubs which close for this period, ten are run by the O.P.W.C., a figure twice as high as that found among any other organising agency.

As with the meals on wheels service, inability of the supplier to maintain an all year round service is the reason most often quoted by organisers to explain their closure. Certainly, of the forty-six clubs supplied by the Schools Meals Services, sixteen (35 per cent) close for four weeks or more, and a further five (11 per cent) for between three and four weeks each year. On the other hand an almost equal number (19) are able to maintain their services throughout the year - a higher percentage than is achieved by any other supplier.

Only three of the twenty-four clubs which close for a month or more point to a fall-off in consumer demand. Indeed, these are the only clubs to mention this aspect of all fifty-nine clubs which report closures of any length. The predominant reason given for closure, after supply service, is shortage of staff. Together these reasons are quoted by seven in ten lunch club organisers.

One interesting aspect of lunch club continuity which does perhaps merit mention is the relationship between closures and frequency of service. The longest breaks in service are concentrated in the services which operate least frequently and vice versa (Table 5.8).

Recipient stoppages

It would seem that once having started, few people give up the meals of their own volition. Ninety-three of the meals on wheels schemes reported that 322 recipients had stopped taking meals from them in the month prior to our survey, representing an overall turnover rate of 5 per cent in that month. The very great majority of recipients had stopped for reasons outside their control, mainly hospitalisation or death. However, a quarter of the organisers said that some losses were caused by their inability to meet special dietary requirements or because the recipients did not like the food or had found some other source of supply.

Conditions governing access to the services

Conditions which influence access to the Meals on Wheels service in Scotland vary in kind but demonstrate a consensus of general principle. It may be assumed that any old person who is bedfast or housebound, or whose particular physical incapacity makes self-care a formidable task, should be a potential candidate.

Indeed, the organisers of the Meals on Wheels service generally support this view. When asked to indicate which of a series of factors would make a recipient eligible for the service, 98 per cent of organisers indicate that a housebound individual or couple would qualify, and seven in ten give physical handicap of some kind as further grounds. The same proportion also point out that authorisation by a Welfare Officer constitutes another important condition. However, only a tenth of the organisers feel that lack of alternative help for an old person would operate favourably in influencing eligibility.

Being housebound constitutes a significant predisposing factor for eligibility in all cities and every region except the Crofting areas. On the other hand, mental handicap is identified as a condition by three out of the four city organisers, but by fewer than half of the organisers elsewhere. It is interesting to note that only 3 per cent of the organisers say that there are no predetermined conditions of eligibility for the service and that none of these are city organisers (Table 5.9).

There are few differences of opinion between members of different organisations about what constitutes a condition for acceptance and where differences exist they are small. The W.R.V.S. and Red Cross are more likely to point out that Local Authority authorisation for the service is a significant condition of acceptance for them, while the 'other voluntary' organisations

seem less likely to take into account either mental or physical handicaps. However, the numbers in these groups are too small to draw firm conclusions about fine differences of this kind.

Eligibility for the lunch club service would seem to be more easily established, for one club organiser in ten indicates that no conditions are prescribed for membership. Lack of formal conditions governing entry are particularly characteristic of Glasgow clubs, among the cities, and the East Central area among the regions. Pensionable age and single status, mentioned by half of the organisers in both city and region, are the most frequently quoted conditions. Neither is perhaps surprising since the clubs cater largely for pensioners and provide not only meals, but social contact for their recipients, particularly those living alone. It is interesting that the proportion of lunch club organisers specifying authorisation by health or social service personnel as a condition of eligibility is half that found among meals delivery organisers (Table 5.10).

Procedures for discovering eligible recipients

When meals on wheels organisers are asked what procedures they themselves have for discovering potential recipients, 84 (39 per cent) reply none. Of the 126 (58 per cent) who claim some means, over half say that it is represented by contact with local doctors or other health workers. Nearly the same number point to their own local knowledge and contacts and the reliance placed upon friends and relatives to bring to their notice old people in need. Only 12 organisers seek out potential recipients

at first hand, either by advertising or by visitation schemes, or the use of housebound lists. As a rule then, organisers do not actively solicit recipients for their services but rather act as agents receiving referrals from their own workers or other community members or agencies which may or may not then be referred to the local authority for a final decision.

One lunch club organiser in two claims to have some procedure for discovering potential recipients, almost exactly the same proportion as is found among meals on wheels organisers. Of those who have some procedure established, most (32 per cent) claim that it consists of contact with general practitioners, health visitors, welfare workers and other official personnel. Like the meals delivery organisers a very similar proportion (30 per cent) rely on their grass root contacts to bring potential recipients to their notice. However, unlike the meals on wheels organisers, lunch club organisers are much more likely to use the media to advertise their services. While one in seven meals delivery organisers say that they advertise or use visitation schemes or housebound lists to discover old people in need of their services, three in five lunch club organisers do so. Regional differences in organiser attempts to discover potential lunch club service recipients are difficult to determine since the figures are so small. Proportionally fewer organisers in Dundee and the West Central region claim to have any procedure for seeking out potential recipients but differences are marginal, and conclusions suspect. (The situation in the West Central region may be partially explained by the fact that there the luncheon voucher scheme is

rather more widely established than elsewhere.)

Sources of referral

When asked who recommended their current recipients, over half of the meals on wheels organisers quote Local Authority Health and/or Welfare Departments. However, within the community, it is overwhelmingly the doctor and other medical personnel who carry the main responsibility for recommendation. The professional community health or welfare workers - that is, doctors, district nurses, health visitors and social workers - are identified by two organisers in three as referral sources. About half this number say that some of their recipients were referred to them by neighbours, friends or relatives, and about the same proportion state that members of their own organisation or local Old People's Welfare Committees put recipients' names forward. Other agencies which might, through the course of their work, be expected to be aware of potentially needy recipients, are comparatively infrequently mentioned. For example, only one organiser in five says that the hospital service was in any way involved in the recommendation process, and even fewer mention the Church or the Ministry of Social Security.

The pattern of recommendation described by lunch club organisers differs somewhat from that of the meals on wheels service. While meals on wheels service recipients are referred predominantly by Health and/or Welfare departments or local doctors and welfare workers, lunch club recipients are more likely to be

recommended by Old People's Welfare Committees or friends, relations or neighbours. (Doctors or health and welfare departments are quoted as recommending agencies by only just over a quarter of lunch club organisers.) While the Church seems to play a more important role in referring old people for lunch club membership than it does for the meals delivery service, the significance of both hospital and Ministry of Social Security as recommending agencies are negligible in both services.

Regional differences in referral sources

The cities accept recommendations for meals on wheels from a much wider range of sources than elsewhere in Scotland. This may be because the city contains within itself all the referral sources to which and from which the organisers will gain information about possible recipients: areal spread is limited and the possibility of inter-agency communication is thereby increased. It is not surprising then that all the city organisers say some of their recipients have been referred by hospitals, but elsewhere the highest percentage, in the West Central region, is only 23 per cent, while in the Borders and the East Central region this falls to 11 per cent and 12 per cent. Similarly, all city organisers claim to have recipients referred by the Ministry of Social Security. Elsewhere the participation of the Ministry of Social Security in recruitment is negligible, reaching its peak in the West Central area where one organiser in ten points to their involvement. Cities apart, the West Central region is outstanding in its extra-agency contacts, for organisers appear to have the widest

range of contacts with six out of the ten major referral agencies. The Crofting region ranks next highest with three other agencies, and the Borders with the remaining one.

Among lunch club organisers the pattern is somewhat similar, although the Dundee city clubs draw from a much more restricted range of agencies than either Glasgow or Edinburgh. In Glasgow the most often quoted source of recommendation is the O.P.W.C. (47 per cent), while in Edinburgh it is the O.P.W.C. (38 per cent) and neighbours, friends and relatives (38 per cent). In the regions, the West Central area is, as with the meals on wheels service, outstanding for the breadth of the agencies providing recipients.

Organisational differences in referral sources

It might be expected that different organisations would have varied patterns of extra-organisational contacts, and that this could be reflected in the sources that are drawn upon for recipients. The meals delivery service shows some variation in this respect. Local Authority-run services would seem to draw most heavily for recommendations on health and welfare workers, hospitals and the Ministry of Social Security - all areas where one might expect there to be some form of formalised pattern of communication already established - and not at all upon referrals from family or friends of potential applicants. On the other hand, three quarters of the Red Cross organisers have some recipients who

were recommended to them by friends and neighbours. However, all of the Red Cross organisers say that the local authority is involved in the referral of recipients so that this comparatively high recommendation rate from non-professional sources may be explained on the basis that the local authority subsequently examines all applicants and makes the final decision regarding eligibility. One interesting feature of the pattern of referral sources among the voluntary agencies is found in the degree of internal reporting of possible recipients. Among services run by the O.P.W.C. the number of organisers quoting O.P.W.C. or affiliated groups as sources of referral is of the order of six in ten, considerably in excess of any other voluntary agency. This may be due to the function and work of the O.P.W.C. which allows more contact with old people as such. The opportunities available to its members of discovery of need are consequently greater.

Regional differences in acceptance of applications without investigation

The role of the local authority in determining eligibility for meals on wheels will be discussed later. Certainly, when asked from whom recommendations would be accepted without further investigation, only one organiser in ten said none. The organisers who reject outright the idea that they might accept a referral without following it up in some way are mostly found in the cities. A little over half of the organisers are prepared to accept recommendations from the local authority or from medical or social

work personnel without checking them personally. Services in the Crofting and North Eastern regions of the country are less likely to question a referral from the local authority, professional workers, or from the Church. In these areas there is also a higher than average referral from the service organisation itself (Table 5.11).

The proportion of lunch club organisers unwilling to accept recommendations without further investigation is approximately the same as for the meals on wheels service. However, over a quarter (28 per cent) of lunch club organisers say that they take no notice of recommendations because access to their services is unrestricted. Unrestricted access is not particularly a feature of the cities although it is peculiarly characteristic of the Dundee services where five of the eight club organisers say that 'anyone can attend'. The hospital service (60 per cent) and the O.P.W.C. (60 per cent) are the agencies from whom recommendations are most likely to be accepted without question in the cities. Elsewhere doctors and local authority health or welfare personnel are most frequently quoted (Table 5.12).

Organisational differences in acceptance of applications without investigation

As might be expected, organisers of the local authority-run meals delivery services are least likely to say that recommendations would be accepted without further investigation but are more likely

to take on recipients without question from doctors, the Ministry of Social Security and the hospital services. The Red Cross follows a similar pattern of acceptance from a limited number of sources, all of which are professionally oriented. However, both the W.R.V.S. and the O.P.W.C. do accept referrals without investigation from the entire range of possible agencies, although the proportion mentioning acceptance from friends and neighbours is rather less than one organiser in ten for both organisations.

Regional differences in investigation of applications

Investigation of applicants for meals on wheels by the voluntary organisation providing the service is most marked in the cities. All four city organisers say that they or one of their associates personally investigate each application as it is received. In the regions overall, about a half do so, although in the Crofting region this practice is adopted by only one organiser in three compared with two in three in the West Central area. However, in the Crofting region, investigation of applicants by the local authority is twice the regional average of 10 per cent (Table 5.13).

In both the cities and regions four in ten lunch club organisers say that they accept all applications for membership without undertaking any investigation. A lower proportion of city organisers claim to investigate all applications compared

with those in the regions. However, while the acceptance without investigation rate is fairly uniform between city and region, it is interesting that one area deviates from the norm. In the East Central region, eight of the thirteen club organisers do not investigate their applicants (Table 5.14).

Organisational differences in investigation of applications

The level of organiser participation in investigating applications for meals on wheels is about the same in all the voluntary organisations - that is, about half of all organisers responsible for running the service claim involvement. However, the proportion of W.R.V.S. organisers who say that they accept all applications without investigation is nearly twice as high as is found among O.P.W.C. organisers or other voluntary agencies. At first sight then, it would appear that access to delivery services run by the W.R.V.S. is relatively easy.

The situation among lunch club organisers is somewhat different. While six in ten organisers say that they undertake some kind of investigation of applicants, the proportion of W.R.V.S. organisers who are involved in this procedure is higher than is found among other agencies. Only one-fifth of W.R.V.S. say that they accept all applications for membership without investigation compared with half of O.P.W.C. organisers and eight in ten of those run by members of the Salvation Army or Church. It would seem therefore that while the W.R.V.S. may offer comparatively easier

access to their meals on wheels services, acceptance for lunch club membership may be rather more difficult.

Selection procedures

However, assumption of this kind would over-simplify the actual processes involved in selection for services which are nowhere really standard. This became apparent very early in the course of the investigation and therefore services were classified under four main groups on the basis of what both the organisers and the local authority representatives thought was the procedure. Since not every local authority in Scotland was interviewed it is not possible to comment on nineteen services.

Survey classification of recipient selection practices

These groupings comprised: firstly those services where there is an agreed active local authority control of selection. Here, the local organisers act as agents, sending in lists of names for approval to the local authority. In some urgent cases an organiser may take on a recipient on a temporary basis. but if his or her need is not confirmed by the local authority then the service to that recipient is discontinued.

The second group consists of services which are nominally controlled by the local authorities but where they have delegated their authority to professional health and welfare workers in the

community. There may be agreement between the local organisers and the local authority on conditions of eligibility, but generally a recommendation by a doctor, district nurse, health visitor, or district officer will ensure access to the services. The names of recipients approved by these health and social workers are sent in to the local authority.

A third group are those where local authority control is minimal. These have been described by organisers as the "rubber stamping" group. In these services, the organisers themselves are largely responsible for taking decisions about who shall or shall not have the meals, although there may be some understanding that local doctors or others may be consulted for confirmation of apparent need. Organisers may send in names for information purposes and may also call upon a local authority official for decisions about particular applicants if they have any doubts concerning eligibility. In this case the local authority will act as final arbiter, but only if the organiser so wishes. Otherwise the applications are indeed "rubber stamped".

The final group of services are those which are run without any apparent formal or informal control of recipient selection by the local authority. The criteria adopted for the purposes of classification failed in their application in one case only, this being a meals on wheels service in which both W.R.V.S. organiser and local authority welfare officer said that recipient

selection and general decision-making was a joint enterprise in which both participated equally and had equal responsibility.

The classification as described is conceptually rudimentary and limited in sophistication by the quality of the available data. Classification into a few broad-based groups appeared less prone to error than a more elaborate structure. As it is, the relationship between what individuals perceive to be established practice and what actually happens in a system, is notoriously difficult to evaluate on the basis of verbal evidence alone. The fact that it was possible to make on-the-spot checks about procedure allows a little more confidence about the usefulness of these value judgements of the system. However, it is not possible to make claims for its total reliability.

Survey assessment of regional variations in selection practice

If we accept then that the classification broadly reflects the established pattern of selection procedure in practice, what is its distribution? Table 5.15 illustrated areal differences in one selection procedure of meals on wheels recipients. There is an immediate and obvious contrast between the cities and regions, and, indeed, differences also between regions. In Aberdeen, Dundee and Edinburgh, local authority participation is active and in none is the selection left entirely to the voluntary organisations. On the other hand, voluntary organisations control selection to varying degrees in all of the regions ranging

from the control of one service in seven in the East Central area, to half those in the North East region. This variation in responsibility for recipient selection cannot be completely explained by differences between specific voluntary organisations and authorities.

Local authority control is most firmly established among services organised by the W.R.V.S. and conversely delegation is highest in centres run by the O.P.W.C. (Table 5.16). We have seen that the great majority of delivery services are supported by the W.R.V.S. and that this organisation is rather uniformly represented in all of the regions (Table 5.1). While comparatively low numbers of delivery services directly controlled by the local authority in the West Central region may in part be explained by the fact that it has the largest proportion of O.P.W.C. organised centres in Scotland, the same explanation does not hold true for the North East, which has one of the highest proportions of W.R.V.S. organised services in the country. If these differences in control are not a function of a specific voluntary organisation and local authority relationship, then it would seem that the observed variation reflects established fact and that there is no well-established system of selection applied throughout Scotland.

Local authority participation in and control of the lunch club service is much less marked. A little over a quarter of lunch clubs may be described as coming under 'active' local

authority control. On the other hand, while selection procedures at a quarter of meals delivery services are left to the discretion of the organising voluntary agency, this proportion rises to one in three among lunch clubs (Table 5.17). Control by voluntary organisations is noticeably centred on the East Central region where the rate is twice the national average. (It is interesting that this area too has the highest proportion of lunch club organisers reporting open access to their services.)

The clear cut differences found between different voluntary organisations in the degree of control exercised by local authorities are not so overt in the lunch club service. Approximately four in ten of the clubs organised by both O.P.W.C. and W.R.V.S. are voluntary organisation controlled (Table 5.18).

Variations in control of selection procedures, both within and between meals services, need not be important for either the voluntary organisations, local authorities or recipients. The fact that local authorities in the large urban areas prescribe conditions and rules and ultimately have responsibility for accepting or rejecting meals on wheels applicants may not always operate in the potential recipient's favour. As we have seen, local authority conditions governing access to the service, where laid down, may vary as much as those applied by voluntary organisations.

What may be more important is that perceptions of power or authority, and its allocation between agencies, may influence

attitudes and ultimately the quality of the meals service itself. Power or authority, seen in terms of responsibility for selection, may influence both the demands and standards that the organising agency adopts. It may also influence the process of discovering need and the kind of conditions which govern acceptance for the meals service.

Local authority involvement in selection practice and eligibility

Table 5.19 shows the kind of variation existing in the conditions meals delivery organisers say make applicants eligible for the service in relation to the degree of control of recipient selection imposed by the local authority. Among those services where the local authority take an active interest, only one in fifty organisers say that no specific conditions are imposed compared with approximately one service in twelve among those under the effective control of voluntary committees. The range of recognised conditions of access themselves also show certain differences. Where there is less active local authority control there is less recognition of local authority authorisation or recommendation. On the other hand, more voluntary organisation-controlled services offer physical handicap and age as specific conditions than do organisers of local authority controlled services.

The local organisers and local authorities in the selection process

The role of the meals service organiser or one of her members

in validating recommendations from different agencies may reflect interest in, or feelings of responsibility towards the service on her part. It is difficult to differentiate between the two. However, it would seem that the greater the interest shown by the local authority in determining who shall or shall not receive meals, the less likely it is that organisers will be involved in the evaluation process. Forty per cent of organisers of delivery services in which the local authority takes an active interest claim to investigate each applicant for meals compared with 60 per cent of those under voluntary organisation control. As one might expect, in centres where we judged local authority interest and control to be fairly well established, there are more organisers who say they accept all applications for the service without personally following them up, or who point out that investigations of this kind are the responsibility of local authority departments. Among services where local authority control is minimal, about six meals on wheels organisers in ten say that every case is investigated before being put on the meals service list. However, in 30 per cent of the centres, at least some applicants are taken on without any further follow-up, and among services controlled by the voluntary agencies, one in ten accept all applicants without further investigation.

Any explanation of these procedural differences is probably multi-factorial. Certainly the status of the recommending agency might be thought to play some significant part, and the survey

data show that this is partially so. Almost three times as many organisers operating services under voluntary organisation control would accept recommendations without further investigation from the hospital services and churches, as would organisers from services in which local authority interest is active. Twice as many of the former too would take recommendations without follow-up from the Ministry of Social Security, O.P.W.C, Blind and Deaf Societies, neighbours and friends of the applicant, and from their own members.

Not only then are the voluntary organisation-controlled services somewhat less likely to determine specific conditions for meals service eligibility, they are also more likely than others to accept recommendations without follow-up from a wide range of referral agencies.

Responsibility for service and the discovery of need

Apart from its influence on accessibility, control of the meals on wheels service affects other areas of organiser activity. Of those organisers who claim to have some procedure for discovering potential candidates for meals on wheels, a much higher proportion, ranging between seven and eight in ten, are to be found in services where local authority participation is limited or absent. Only about half of the organisers of services in which the local authority is active say that they take any positive steps to unearth possible recipients. The type of action that is taken to discover need is shown in Table 5.20. The pattern of reliance

upon doctors and the individual organiser's personal knowledge of the service area and its people is common to all kinds of services, however controlled.

Lunch club organisers are rather less inclined to seek out recipients, for unlike the meals delivery organisers, they are equally divided on the basis of having any formula to follow to discover need. Lack of responsibility for recipient selection does not, however, appear to have the inhibiting effect among lunch club organisers that it does among their meals delivery colleagues. The pattern is not really comparable with that of the meals delivery service, for although the most popular sources are still medical community workers, personal or local knowledge or the use of housebound lists, these are mentioned by only about one organiser in three. On the other hand lunch club organisers are rather more likely to advertise and use the media.

CHAPTER 6

THE MEALS

Sources of supply

Contrary to the situation in England, Meals on Wheels schemes in Scotland are highly dependent on the School Meals Service (S.M.S.) which supplies three-quarters of all meals schemes at present operating in this country. Although most schemes have only one supplier, a third have two, but all of these are dependent for most of the year on the S.M.S. and use their secondary service to cover the period when the School Meals Service does not operate. A quarter of all services draw upon private hotels, cafes or restaurants, and one service in ten is supplied by industrial canteens or hospitals. Only a very small number of schemes (15) cook the meals themselves.

Meals organisers rely on what is available locally, and this in turn reflects the economic and demographic structure of the areas in which the schemes are located. Thus, in the cities where pressure on the School Meals Service may be high, but where there is centralised provision of other kinds, kitchens of Old People's Homes are a main source of supply. Elsewhere, the School Meals Service is the major supplier, supported to varying degrees by industrial canteens and private hotels or cafes. As might be expected, there is an inverse relationship between the Schools Meals Service on one hand and industrial canteens on the other in terms of population size, the School Meals Service being

most highly relied upon in centres with a population of fewer than 20,000, while in larger towns (50,000 - 100,000) the School Meals Service and industrial canteens are of equal importance.

Areal differences in types of supplier

The areal distribution of meals on wheels suppliers is shown in Table 6.1. Cooking by members of voluntary organisations themselves, either in members' homes or in organisations' kitchens, is found in small population centres, mainly concentrated in the North East region, where almost a third of the schemes are supplied by this means for all or part of the year. A comparatively low proportion (63 per cent) of schemes in this area use the School Meals Services, while, on the other hand, a relatively high number are supplied by private hotels. A similar pattern of provision is to be found in the Crofting areas. The School Meals Service is least involved in the West Central region where industrial canteen users are abnormally numerous.

The highest proportion of delivery services to be found with more than one source of supply is in schemes organised by local authorities and 'other' voluntary organisations, and lowest in those run by the W.R.V.S. and O.P.W.C. Although the local authority schemes operate more frequently and for more extended periods than any other, it would be invidious to assume that they have invested more effort in locating alternative suppliers. It is very difficult indeed to determine what element of choice is

available to organisers in terms of their supply sources and clearly in some areas no option of any kind exists.

The lunch club organisers are less dependent overall on the School Meals Service than their delivery service colleagues. About half of lunch clubs (46) receive their meals from the School Meals Service compared with three-quarters of the delivery schemes. Responsibility for providing meals for the remaining half of lunch clubs is divided fairly equally between hotels, cafes, industrial canteens on the one hand (18), and hospitals, Old People's Homes and similar institutions (17) on the other. One club in ten cooks its own meals - a much higher proportion than occurs among delivery schemes (Table 6.2). A rather similar pattern of supplier usage by lunch clubs and delivery schemes is evident in the regions. The West Central region draws heavily for its lunch club meals upon non-welfare sources. (Certainly the use of voucher schemes in hotels and cafes does much to explain this particular finding.) However, it is also heavily dependent upon industrial canteens for its meals on wheels so that in general its dependence on school meals is probably the least marked in Scotland. The North East is another region in which the importance of the School Meals Service is less marked. Here, however, there is much more emphasis placed upon provision by the organising agencies themselves. Both clubs which were in existence at the time of this survey in the North East region cooked meals for themselves, as did the only one in the Borders (Table 6.2). Obviously, the difficulty of servicing the more remote rural areas makes the regular provision of meals difficult.

The range of suppliers is limited and there is therefore some pressure on the organising agencies to fall back upon their own resources.

Whatever choice is available, what effect does the supplier have on the service in terms of frequency of provision and type of meal supplied?

Supply source and frequency of provision

The source of supply seems not to exert as much influence on frequency as it does on type. As one might expect none of the delivery schemes which obtain meals from voluntary organisation kitchens, hospitals, or old people's centres, provide the majority of their recipients with more than two meals a week. Nor do most of those schemes supplied by industrial canteens. On the other hand, although the majority of schemes which obtain their meals mainly from the School Meals Service or from private hotels also offer two meals, almost a fifth provide their recipients with four meals or more in the week. The only six-day service scheme is local authority operated, and is contracted out to a local caterer.

Among lunch clubs there is a tendency for services supplied by the School Meals Service and other external welfare services to be operating rather less often than those supplied by external non-welfare services.

Supply source and type of meal

Almost two-thirds of meals on wheels consist of two courses - a main course with either soup or pudding. Only 16 per cent of schemes provide three courses, a proportion which has remained unchanged since 1958 (Harris, 1960). Schemes supplied by industrial canteens, private hotels, hospitals and old people's homes are more likely to offer three course meals than are those provided for by voluntary organisations or the School Meals Service. It seems likely in this instance that the recipients are reaping the benefits of the higher canteen and hotel standards provided for industry and the tourist trade.

As with the meals on wheels service, the most frequent type of lunch club meal served is two courses - a main course with either a soup or pudding. However, there are differences of degree, for the lunch club recipient is twice as likely to receive a three course meal as his meals on wheels peer. However, in lunch clubs supplied by the School Meals Service, the recipients are as unlikely to receive a three course meal as those recipients to whom meals are delivered.

Supply source and cost of meals

It may be thought desirable to provide three course rather than two course meals, but what effect does it have on cost, both to the authorities and the recipient? Unfortunately, a fairly high proportion of delivery organisers (49 per cent) are unaware of or unable to divulge the cost to the organisation or

authority responsible for the service of the meals. However, a great majority are able to indicate the cost to the recipient.

All meals provided by voluntary organisations, and the majority of those provided by the School Meals Service, old people's homes and hospitals, cost the meals on wheels organisation or authority less than 2/6 ($12\frac{1}{2}$ p) to buy in 1968-69. Only private hotels or outside caterers charge more than 4/- (20p), and then only about a third of schemes supplied by these services paid this price - most paying between 2/6 ($12\frac{1}{2}$ p) and 3/6 ($17\frac{1}{2}$ p) per meal (Table 6.3). No recipient was charged more than 2/- (10p) for a meal, nine in ten paid 1/6 ($7\frac{1}{2}$ p) or less. No meals on wheels recipients receiving meals from the most expensive source, i.e. the private hotel, pay more than 1/6 ($7\frac{1}{2}$ p). In fact, three-quarters of them pay 1/- (5p) or 1/2 (6p), so that a hotel or cafe caterer's recipient has more chance of obtaining a three course meal at a lower cost than anyone else (Table 6.4).

It is evident then, that meals on wheels need to be, and indeed are, subsidised to varying degrees by local authorities.

Rather more lunch club than delivery organisers (80 per cent) are able to provide information about the cost of meals to the organising agency, while only 2 per cent cannot indicate the cost to their recipients. The cost of lunch club meals to the organisers is shown in Table 6.5. As with meals on wheels, the cheapest lunch club meals are provided by lunch club and other

welfare kitchens. The most expensive meals are undoubtedly those provided by external non-welfare suppliers for nearly half of the clubs supplied in this way pay a minimum of 3/- (15p), and in three cases, 4/6 ($22\frac{1}{2}$ p) per meal.

Lunch club recipients, like meals on wheels recipients, did not pay more than 2/- (10p) a head, and nine in ten paid 1/6 ($7\frac{1}{2}$ p) or less (Table 6.6). It is of some interest that two of the nine clubs which cook their own meals at a cost of less than 2/-, i.e. the cheapest rate, also charge their recipients at the highest rate of 1/7 (8p) or more.

This inequality in terms of cost and provision is reflected in city and regional distribution. In Dundee or Edinburgh meals on wheels recipients pay less than 1/- (5p), in Glasgow between 1/- (5p) and 1/2 (6p), while in Aberdeen the charge is between 1/3 - 1/6 (6p - $7\frac{1}{2}$ p). This gradation parallels the cost of the meals to the cities and may be explained on this basis.

However, it is rather more difficult to account for regional variations. From the point of view of cost to the recipients, the East Central region offers the cheapest meals: one scheme in ten charges less than 1/- (5p), while eight schemes in ten charge less than 1/3 (6p). This latter proportion applies also to the West Central region. On the other hand, very nearly half the services in the North East and the Borders charge between 1/3 and 1/6 (6p and $7\frac{1}{2}$ p), and one scheme in ten in the North East asks the

recipient to pay between 1/10 and 2/- (9p - 10p) per meal.

These differences are not wholly due to variations in the cost of the meals to the organisations, but would appear in part to follow administrative decisions by local authorities or local organisers.

Organisers' assessment of meal suitability

When meals on wheels organisers were asked for their opinions on the suitability of the meals for old people, the great majority (88 per cent) replied favourably. Only one organiser in ten thinks that the meals are open to criticism and of these nineteen organisers, eighteen are supplied by the School Meals Service. Reaction to menu variation is somewhat less enthusiastic, for only three-quarters of the organisers are of the opinion that menus show any weekly variation in content, while 11 per cent state that they remain much the same from week to week. Again, a substantial proportion of School Meals Service supplied organisers exhibit dissatisfaction (Table 6.7).

Although two-thirds of the organisers express satisfaction with their suppliers, almost a fifth suggest improvements. This usually expresses itself as a wish to obtain access to a supplier able to maintain an uninterrupted service throughout the year. Not unexpectedly, almost all of these organisers are currently using the School Meals Service.

The proportion of meals on wheels organisers content with the type of meal provided is the same as for those satisfied with the supply source - that is to say, about two in three, although there is variation in relation to the meals supplier. Among the eleven organisers who are responsible for cooking the meals themselves, only one is critical of the food and would wish it to have an increased protein content. There is a similar high level of satisfaction among organisers who are supplied by old people's homes, hospitals, old people's centres, town hall kitchens and by 'other' caterers. This finding may be equated with the findings reported in Table 6.7. However, although 85 per cent of the organisers supplied by the School Meals Service state that on the whole the meals are suitable for old people, when asked about changes in meals content, the proportion who would like to see no change drops to 66 per cent. Similarly, although 94 per cent of the organisers of hotel-provided schemes express the opinion that the meals are most appropriate for the elderly, only 44 per cent would not like to see them amended in some way. Approximately a tenth of the organisers supplied by the School Meals Service, industrial canteens and private hotels would like to acquire control of the menus. A further fifth of the School Meals Service, hospital and hotel users wish the meals to have increased protein, fruit and vegetable content. In addition, School Meals Service supplied organisers offer suggestions that others do not, e.g. that 'heavy', high carbohydrate content meals and custards should be offered less frequently, while soup should be provided more often.

Lunch club organisers are somewhat less convinced than the delivery organisers about the suitability of the meals provided by their service for old people. However, when asked, only a minority (21 per cent) give an adverse or hesitant opinion (Table 6.8).

Similarly a rather higher proportion of lunch club organisers feel that menus are much the same each week or else only vary from month to month.

Survey assessment of meals

How valid then are the criticisms expressed by a minority of both service organisers? An effort to give some insight into the bases for this adverse opinion was made. The postal surveys of both services requested information about daily menus for the survey week. Where these were available, they were usually given, but some organisers had difficulty due to not having seen or not remembering menus, or because no records were available for reference. Between a tenth and a fifth of both service organisers could not supply this information.

Type of meal

However, from the available menus it would appear that a typical meal for both delivery and lunch club services consist of two courses rather than three, and that these two courses

comprise a main course with a pudding rather than soup. When soup is provided, it will almost certainly be a vegetable soup of some kind. The main dish will most likely be stew or mince, accompanied by a root vegetable, or root macedoine, and inevitably potatoes. For pudding, a sponge or tart with custard (Tables 6.9 and 6.10). The organisers do seem to have some basis for unfavourable comments, and some close examination of what is provided is called for.

Menu patterns

Certain weekly menu patterns in the type of food provided during the week emerge. For example, fish is not generally served except on Fridays, when it is provided by one delivery centre in four, and by half of the lunch clubs. Cultural relics of this kind apart, other patterns occur which seem to reflect the internal organisation of the suppliers. Monday is without doubt, mince, root vegetable and sponge pudding or tart and custard day for half the meals on wheels and lunch club centres operating in Scotland. The chances of getting this meal are considerably reduced by Friday. On the other hand, roast meats increase in the middle and end-week period. Green vegetable 'peak' at this time too, as do salads. Presumably, much of what is provided depends on availability of supplies and sufficient labour for preparation and cooking. Unfortunately, this aspect of the service was not included in the survey.

Without the aid of a sophisticated dietary investigation any comment on the nutritional value and palatability of the meals must constitute something of a subjective value judgement. What is perceived to be desirable by one organiser will not necessarily appear so to the next.

In the absence of any more scientific measurements, some value judgements were attempted in the hope that, by applying rough but standard criteria to all schemes, some crude but comparable data might be obtained. Of course, comment can only be made on what is provided in terms of menu variability and type of food for the week for which there is information. It is not possible to make any judgements about food values or nutritional effectiveness since the data is restricted to daily menus provided by organisers, and these range widely in detail and consequently, in their usefulness. Because of these limitations, only a simple classification was attempted.

Survey classification of menus

The food provided by each scheme in the survey week was categorised in the following manner. All schemes providing more than one meal were examined to discover what differences there were in the content of the main course, vegetables and puddings. Secondly, the type of food was classified into three groups. Main courses of unadulterated fish, meat, liver and hams are grouped together as Class I; Class II main dishes comprise stews,

casseroles, pies and beef olives; Class III contains such dishes as mince, haggis, sausage, fish cakes, hamburgers, macaroni cheese, cheese potatoes and savory rolls. This classification is open to criticism, since a class II or III dish may have as much nutritional value as a class I dish when it ultimately arrives at the recipient's home.

Vegetables were similarly grouped. "Fresh" salads, green beans, cabbage, cauliflower, sprouts, etc. are grouped as class I. Root vegetables - turnips, carrots, beetroots, swedes - comprise class II, while class III contains tinned peas, baked beans and macaroni when given as a vegetable dish.

Puddings too follow a similar pattern. Class I puddings are fruits of various kinds - apples, pears, plums, prunes and fruit salads. Class II are milk puddings - largely rice, sago, tapioca and semolina. Class III contains all varieties of sponges, pies, crumbles, jellies, doughnuts and trifles. (For further discussion of this classification see Appendix I).

Menu variation

It is difficult to come to any conclusions on the variation of the menu for about a third of both service schemes, either because of lack of information on menus themselves, or because the service operates on only one day in the week. Information given for delivery schemes suggests that the overwhelming majority provide varied main courses (133/137), although one

scheme in ten supplies neither varied vegetables nor puddings. The S.M.S. and private hotels or cafes are the only suppliers whose main course dishes can occasionally be described as monotonous by the survey criteria, and then only 2 per cent of the S.M.S. schemes are so affected, although the comparable proportion for the hotels is considerably higher (20 per cent). The proportion of schemes served by the S.M.S. who provide meals with unvaried vegetables and puddings is greater (8 per cent) than those with repetitive main dishes, but the hotel proportion remains the same for vegetable dishes and both show increases in those proportions in respect of puddings. Lunch club organisers agree with meals on wheels organisers about high levels of variety in main course dishes. What little criticism exists is on account of monotonous vegetables and more particularly, puddings.

Class of meals and supplier

Most of the main course dishes of both services fall into the class II category, although this varies with the supplier. All meals on wheels schemes supplied from voluntary organisation members' homes, from hospitals and old people's centres offered class II main dishes in the survey week. All, or most of the schemes using industrial canteens, and Town Hall kitchens, were supplied with class I meals, while the highest proportion of schemes sending out class III main dishes are found among services supported by hotels or by voluntary organisation kitchens.

Meals on wheels suppliers were ranked by allocating 3 points to those providing class I dishes to the majority of their recipient schemes, 2 points for class II dishes, and 1 point for class III. These results are shown in Figure 6.1

Figure 6.1

Supplier*	Main Course	Vegetables	Puddings	Sum of scores
"Other" caterers	3	3	3	9
Old People's Home	2	3	3)	8
Hospitals	2	3	3)	
V.O. members' homes	2	3	2	7
Industrial canteens	3	2	1	6
School meals service	2	2	1)	
V.O. kitchens	2	2	1)	5
Private hotels	2	2	1)	
*Town Hall kitchen	3	-	3	6
*Old people's centre	2	2	-	4

*Incomplete information on one course, i.e. only 1 scheme covered by each supplier.

It would seem then that the adverse criticism expressed by delivery organisers using the S.M.S. and private hotels is supported to a certain extent by our own assessments of the meals. There is, of course, implicit in this evaluation the assumption that roast meats are more desirable than mince or haggis, fresh green vegetables better than tinned peas or beans, and that

fruits are to be preferred to sponge puddings. From the point of view of taste, this may not be true. There are obvious dangers in relating one's own preferences to other people's and thereby generating specious conclusions. The reader is left to judge for himself what is fallacious and where his own preferences lie.

Special diets

Since we were unable personally to gather sufficient information about specific kinds of diet at each centre, we were compelled to accept whatever interpretation was placed on the term by organisers themselves. Organisers were asked if special diets were supplied, if not - why? and, if they were, how many had been provided by each scheme during the survey week. From subsequent discussions with the agencies responsible for the services, it is obvious that the term 'special diet' generally means a standard meal with one or more of its constituents either omitted or increased in amount. Thus a diabetic might be given a larger helping of meat and vegetables in lieu of the sweet course. One lunch club organiser sums up the situation as being one in which members "act on doctors' orders by eating less or more of a particular food, i.e. potatoes or puddings". However, we know of no scheme which can do more than provide meals in which the size of the portions is altered or course(s) are omitted. Indeed, where more specialised dietary need is discovered it would seem that the recipient more often than not has to drop out of the

service since the majority of schemes are unable to deviate from the standard provision. Certainly, the services offered by lunch club organisers differ widely. One says that it "would complicate things for the cook", another points out that "members receive Social Security allowance for special diets", while another delivers a rather final coup de grace: "Special diets are never requested. If so, they don't come to our Lunch Club."

Regional provision of special diets

Half of the city delivery services currently cater for personal dietary needs, although fewer than one in five do so elsewhere. Outside the cities, the highest proportion of schemes catering for special dietary requirements is in the North East Region where approximately one scheme in four already makes some kind of provision. In other regions approximately half this proportion do. However, with the exception of the East Central region, somewhere between a fifth and a third of all schemes do or can if asked cater for special diets. The reason most often given by organisers to explain their inability to cover the need for special diets is that their suppliers are unable or unwilling to cater on differential bases (Table 6.11). The fact that the area most heavily dependent on the S.M.S. for supplies has both the lowest potential and actual rate of special diet provision is perhaps not entirely unrelated.

Only two of the forty city lunch clubs do already provide special diets or say that they could provide special diets if asked and, like the delivery organisers, problems with suppliers is the most frequently given reason for not making special provision for dietary need (Table 6.12).

Special diets and meals supplier

Over half of delivery schemes supplied by Old People's Homes and a third of those by hospital kitchens are currently making special diet provision, compared with one in ten of those served by S.M.S. There is no reason to assume that need is less widespread among S.M.S. supplied schemes. Indeed, half of the organisers of these schemes say that the S.M.S. cannot supply special diets.

Almost the same proportion of S.M.S. supplied lunch clubs organisers report the same difficulty in making arrangements for particular dietary need - a higher rate than is found among organisers with any other source of supply.

CHAPTER 7

ORGANISATIONAL ASPECTS OF MEALS SERVICE PROVISION

The voluntary contribution

The success of community meals services is very largely dependent upon the goodwill of their organisers and helpers, the majority of whom are unpaid. While voluntary workers clearly gain much satisfaction from their activities, they have to contribute also a considerable amount of hard work. Much then depends on this fund of voluntary enthusiasm and goodwill. There is no guarantee that either is inexhaustible.

Time

One measurement of the effort demanded of meals on wheels organisers and their members in providing the service is the amount of time they devote to it. Most delivery centres operate on average twice a week and send out a single "round", although in the larger cities up to ten are involved. As one might expect, the time these rounds take varies between areas, but is highly influenced by the nature of the territory in which they operate. In the larger cities all rounds take more than two hours to complete. On the other hand, in areas with populations of fewer than 20,000 people, four in ten of the rounds occupy an hour or less. The most common duration is somewhere between an hour and an hour and a half. These variations are associated not only with the nature of the terrain that each round covers, but also with the numbers of

meals conveyed. All the city rounds take at least two hours to complete, but then in two of the four cities each round has an average complement of between thirty and sixty meals. This size of round, associated with congested traffic conditions such as might be expected in urban areas during the lunch hour, will necessarily involve the delivery personnel in protracted and time-consuming work. Elsewhere, only the East and West Central regions, with comparatively greater numbers of large urban centres, have rounds of this length.

Meals delivered and duration of round

In all areas, apart from the cities, most rounds carry somewhere between ten and twenty meals. However, while almost half of the rounds in the Crofting region deliver fewer than ten meals, the same proportion in the West Central areas carry more than twenty. Although the rural nature of the area served will partially account for the smallness of the rounds found in the Crofting region, it should not be assumed that the rounds are necessarily shorter. The small meal rounds in the Crofting region take proportionally longer time than in any other region. Of the rounds serving fewer than ten people, over half take longer than an hour to complete in the Crofting areas compared with a twelfth in the Borders.

The wish to shorten the rounds

It might be thought that organisers of fairly long meals on

wheels rounds might wish to shorten them, but this is not so. Only about one organiser in ten would like to have shorter rounds and although this proportion approaches two in ten in the East and West Central regions, the differences are negligible. As one might expect, it is mainly organisers with rounds longer than an hour who say they would like to shorten the time. The reasons given by most organisers for wishing to shorten their round duration are lack of helpers and the nature of the area they serve. Almost half point to problems of transport and equipment, the remainder mentioning traffic conditions, weather variation and differences too in the efficiency of voluntary helpers.

Transport

Meals are delivered mainly by private cars - normally the members' own for which mileage payments may or may not be claimed. About half the centres rely on private cars for transporting meals, although among the smaller voluntary organisations and Red Cross this proportion is much higher. However, about a quarter of organisers have large vans, about half of which are used solely for the meals service, the remainder being multi-purpose. In 17 per cent of centres the local authority provides a van and a driver. Surprisingly perhaps, 7 per cent of the meals on wheels services deliver by taxi, particularly those organised by O.P.W.C. where almost two centres in ten are serviced in this way. In five centres meals are delivered on foot.

The use of cars or vans

Most meals on wheels organisers appear to be comparatively happy with their transport arrangements, for almost two in three say they have no suggestions to make for their improvement. Of those who do, the great majority would like to change their present cars for vans or else increase the number of vans. The remainder wish to acquire transport, that is either new, larger, easier to drive or more suitable for carrying meals. One organiser writes that she would like to "have a traveller-type car instead of a closed-in van. Most of our lady drivers are accustomed to cars and using a van makes it difficult to recruit drivers. In congested streets at peak hours with children around it can be nerve-wracking! Also the van only takes a driver and one helper. On a round with forty flights of stairs we would like to use two helpers, especially as we have some male drivers who do not help with deliveries, but are extremely valuable to us during icy winter conditions on the roads". On the other hand, the larger van is seen as perhaps the most efficient means of delivering meals, particularly in the more dispersed areas of the country. In the opinion of some organisers it would avoid sending out comparatively large numbers of helpers in cars since "petrol at the price it is, is causing discontent with a few". The question of payment for petrol used in private cars was raised by several people: "All my helpers are voluntary but I do think there should be something for the few who wish it. Those who do not wish it can put it back into the funds."

The willingness of members to use their own cars is undoubtedly widespread but the practical advantages of the large van over the car or mini-van are highlighted by another meals on wheels organiser who writes: "a large van might also be able to provide cover for helpers when measuring soup, cold meat, etc. The vehicle in use at present (a mini-van) offers little or no protection to helpers during inclement weather, and when food is being handled it is exposed". She also points out that she "would prefer a larger van to ensure that if more people required the service it could be made available to them without a waiting-list". At the moment her mini-van can only carry twentyfour meals.

The lunch club service relies to a much lesser extent on the private car. Only 3 clubs use them for transporting meals to club premises, the great majority (69 per cent) being served by local authority or S.M.S. vans. For a substantial minority (16) of course, transport is not necessary since the clubs either cook their own meals or else meet at a hotel, cafe or other outside caterers.

Equipment

As far as equipment is concerned, there is a high degree of satisfaction. Only 2 per cent of meals on wheels organisers lack equipment for keeping the meals warm; less than 1 per cent

say that their container provision is inadequate for their needs; and the same small proportion are dissatisfied with the efficiency of the containers for maintaining the warmth of the meal.

Among lunch club organisers there is a similarly high level of satisfaction. Over half of the organisers report that their or their agents' ovens and hot plates are perfectly satisfactory. However, a quarter of organisers say that meals are carried to their clubs in vehicles which have no means of keeping food hot. Once at a club, food may be transferred to heated containers (10 cases), to insulated containers (18), or to vacuum containers (2). It is perhaps not surprising that some seven organisers record this dissatisfaction with their equipment for maintaining or reheating food. Indeed, ten report recipient complaints about this aspect of the service.

Staffing

The meals services require not only equipment to keep them functioning but also, and much more important perhaps, adequate manpower. They cannot operate without people willing to donate time to organising and performing the necessary day to day activities.

As far as the meals on wheels service is concerned there is little variation in the degree of operational difficulty experienced

by the various organising agencies: all are fairly equally affected by staffing problems. Overall, while seven in ten delivery organisers deny having any major difficulties in maintaining their services, one in four (i.e. practically all of the remainder) say that lack of voluntary helpers constitutes a major problem for them. Manpower difficulties affect the lunch club service too but to a lesser degree. While eight in ten lunch club organisers mention no difficulties of service maintenance, the great majority of the remainder refer to problems of help (18/21). The O.P.W.C. clubs are rather more likely to specify this as a problem than any of the other organising agents.

Regional staffing problems

There is then little variation in the degree of operational difficulty between the main organising agencies - all are fairly equally affected by staffing problems. However, geographical differences are apparent..

None of the city meals on wheels organisers find it easy to maintain their present services; six in ten of the other urban area organisers have no difficulty; while seven in ten of the organisers who live in the smallest settlements (population fewer than 20,000) are managing to maintain a relatively problem-free service. Comparisons demonstrate extra- and intra-regional differences of course. 58 per cent of the organisers in the East Central region deny having maintenance-of-

service difficulties compared with 80 per cent in the North East and Crofting areas. In all of the regions it is the smaller centres in which the highest proportion of trouble-free organisers are to be found (Table 7.1). The larger towns in the East Central region which operate rather more frequently than elsewhere are particularly troubled by lack of staff.

City lunch club organisers report a fairly varied experience however. In both Dundee and Glasgow three-quarters of clubs have no staffing or indeed any difficulties in maintaining their present services. In Edinburgh only one organiser in two is in this happy position. Elsewhere, differences do exist but numbers are small and may well reflect local rather than regional circumstances. Certainly, the West Central region is notable for its high proportion of trouble free services but this may again reflect the nature of the lunch service scheme rather than an abundance of voluntary helpers (Table 7.2).

Staffing problems and frequency of service operation

Certainly the organisers who operate a one- or two-day service appear to have fewer problems in maintaining their present services. Over three-quarters of them deny having any kind of difficulty compared with a half of the four- and five-day service operators. The organiser of the only six-day service in Scotland has no problems because the service is

contracted out by the Social Work Department to a local caterer and the department is not involved in the daily problems of supervision and management. For the rest the most keenly felt difficulty is the acquisition and retention of staff, but among the more frequent services, the proportion of organisers affected in this way is twice the average. Problems with transport or vehicles and the size or nature of the area covered are of minimal importance by comparison with staffing difficulties.

The lunch club picture is somewhat different. The proportion of clubs reporting no difficulties does not appear to be related to service frequency in the same kind of way, for although the club which meets once a month claims to have no operating difficulties, so too do those which provide a service on four days a week! It might be thought that the size of the club might be a factor contributing to difficulties of provision. However, although two of the five organisers running clubs with more than 150 members do have staffing problems, and this represents a rate twice that found elsewhere, there are few other differences found between small clubs (fewer than 30 members) and the larger ones serving between sixty and one hundred and twenty members.

The problem of voluntary help and staffing the services

Staffing the meals services is overwhelmingly based on voluntary effort, the only exception being the local authority

services where a comparatively high proportion of the people employed are paid. Most of the major organising agencies say that they have some paid helpers, but the majority of these are taxi-drivers or School Meals Service employees and are not members of the organising agency.

Table 7.3 demonstrates the staffing ratios of the lunch club service as far as we know them. It is apparent that the voluntary organisations operate with a paid staff rate of approximately 7 per cent (compared with 25 per cent in local authority run clubs) and that among the organising agencies the O.P.W.C. run clubs tend to use more labour than those under the auspices of the W.R.V.S. Recruitment of voluntary help is therefore of crucial importance in running the meals services.

Recruitment of voluntary help

Only one delivery organiser in ten feels that voluntary help is easily come by, although about half concede that it is "not too difficult". On the other hand, about a third of service organisers say that the task of finding and retaining adequate voluntary help is difficult.

As might be expected, all the city meals on wheels organisers have problems in acquiring staff while about a third of the organisers in the regions are similarly placed (Table 7.4). The

Borders region appears to be particularly fortunate for proportionately twice as many organisers there deny having difficulties.

The proportion of lunch club organisers who find voluntary help easy to obtain is about the same as for the meals on wheels service - that is to say about one in ten. Virtually the same percentages find help not too difficult or difficult to find and retain. The precise similarities in the distribution of opinion between the two services lend weight to each other.

Areal differences in opinion occur however. City lunch club organisers, unlike their meals on wheels colleagues, demonstrate no consensus of opinion about the recruitment of voluntary help. Indeed, their attitudes are mixed, Edinburgh organisers being twice as likely as those in Dundee and Glasgow to describe the recruitment situation as "easy" (Table 7.5). This result is interesting in that Edinburgh organisers too are much more likely to point to lack of voluntary helpers as being a major difficulty in maintaining the Edinburgh club service.

One factor which may partially account for the reluctance of some women to come forward to help with the meals services could be the apparent size of the task. For example it is possible that an active delivery service which goes out on five

days of the week may be perceived as a more formidable undertaking than one which involves a commitment of a couple of hours once a week or fortnight, even when not all helpers go out on every delivery because rota systems are fairly commonly established. It seems as if organisers of services which only go out once a week are much better placed for recruiting staff than are their colleagues who offer more frequent deliveries. Staffing difficulties are mentioned by fewer than three organisers in ten of one- or two-day services compared with almost half of the organisers who go out on four days or more a week (Table 7.6). It is also possible, of course, that the higher frequency services have drained dry the pool of available voluntary help.

The interesting aspect of the lunch club service is that as frequency of service increases so does the proportion of clubs for whom the question is not applicable: all their staff are paid employees (Table 7.7).

The attraction of paid employment is a reason frequently offered by organisers in explanation of their manpower difficulties. Both employment opportunities and changes in custom have tended to encourage more women to take up some form of work outside the home. In the cities this has meant a drastic downward trend in the numbers of women coming forward in the voluntary field. Non-working women tend to be those

with children and other family commitments which occupy them at midday, the very time when the meals services are operating. Among the organising agencies of both services, only the Red Cross would seem to have no staff recruitment problems, while the W.R.V.S. and the smaller voluntary organisations are particularly hard hit.

The services as they stand then are not problem-free. Lack of woman-power is obviously a major difficulty. It has been said in private conversation that organisers need to have something to grumble about and really this particular aspect has been rather exaggerated. If this is so then it seems surprising that there should be such a consensus of opinion from people distributed throughout the country.

Quality of voluntary help

Organisers write not only of the lack of volunteers but also of problems resulting from their variable quality: "volunteers don't turn up owing to family commitments, illness, etc. or think 'voluntary' means coming only when it's convenient." This opinion is very much a minority viewpoint however. A more general fear expressed both in the postal and interview survey is that there will be "difficulty in recruiting further helpers because of the very high percentage of women who work..... our present volunteers (are) generally falling out because of age". In some centres the staff is almost entirely composed of women

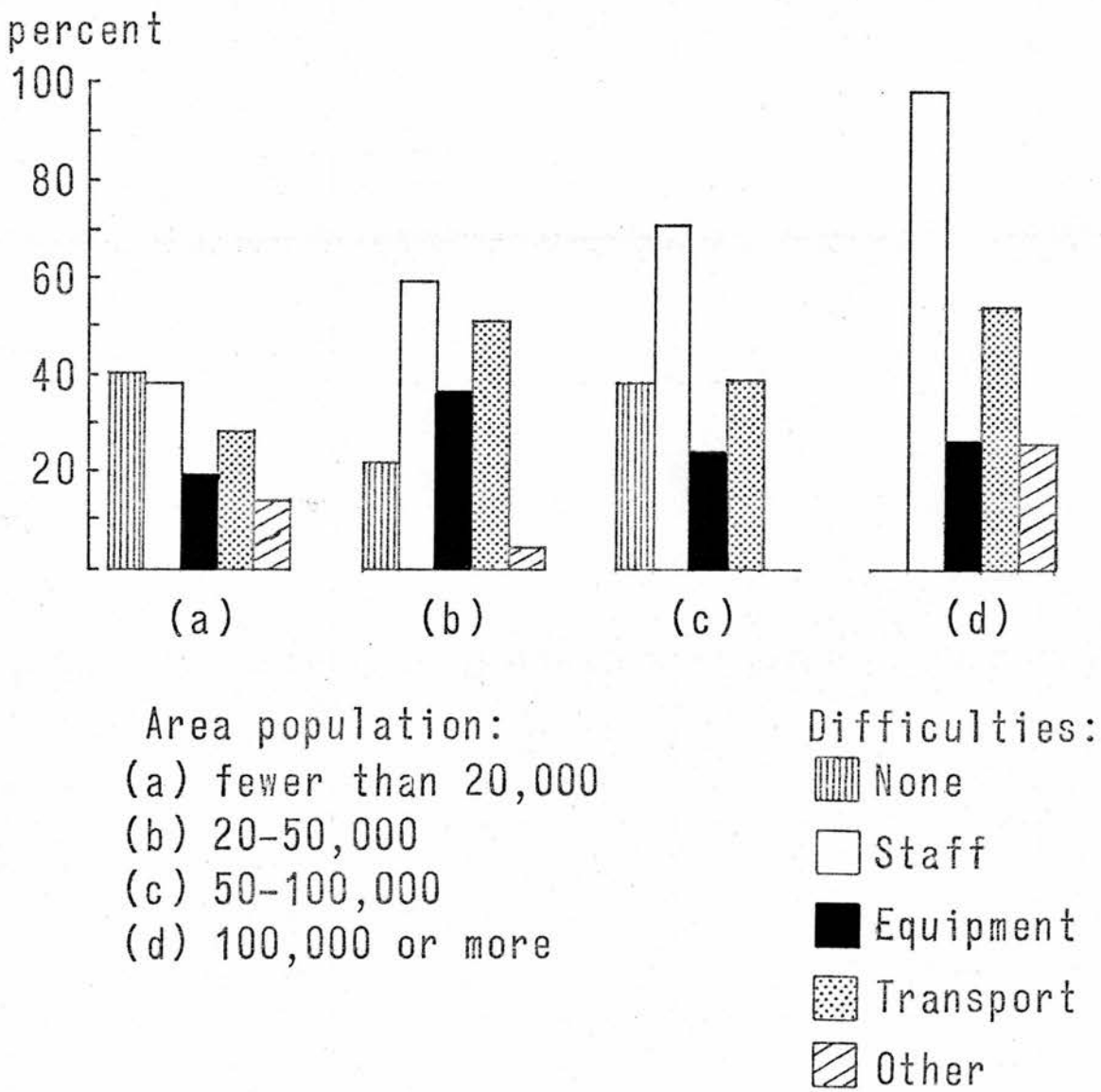
of retired age. One organiser whose area include a large number of tenement deliveries expressed considerable concern about the physical demands made upon her senior staff in providing meals in her area. Moreover, a recruiting campaign had failed to bring forward any younger volunteers.

It is not easy then to recruit voluntary help and once recruited it may be difficult to retain if it is not nurtured in a sensitive and sensible way. One lunch club organiser graphically describes the situation in her own club: "Voluntary help is very difficult to find especially at lunchtime when most people are busy with their own family. I find most of my help among pensioners and one complaint is that they have to pay for a lunch when they have to do the work. If provision could be made for these helpers to get a free meal this would go a long way to help this situation."

Future prospect: anticipated problems of expansion

One might well ask if a proportion of organisers are already concerned with difficulties in maintaining the present services, what of the future? Could the meals services be extended? Do the organisers themselves feel that an expansion is both necessary and desirable? How do they see the service developing?

Fig. 7.1
Anticipated difficulties for expansion of meals
on wheels services in relation to area population.



Regional variations in anticipated problems of expansion

The meals on wheels city organisers view the idea of expansion with unanimous concern. All express fears about the difficulty of staffing. Otherwise preoccupation with voluntary help diminishes with the type of area served. Country areas are least likely to be troubled by staffing difficulties but rather with factors not common elsewhere such as scarcity of meals suppliers and the belief that financial backing for expansion would not be forthcoming (Figure 7.1). Although overall three organisers in ten believe they could extend their services without too much difficulty, this figure drops to one in four in the West Central region and reaches four in ten in the less urbanised regions of the Crofting, North East and Borders areas. Staffing and transport again rank highly in the list of anticipated difficulties (Table 7.8).

Lunch club organisers seem rather more sanguine about service expansion. Over four in ten believe that they would encounter no difficulties if asked to enlarge the scope of their service. Even in the city clubs this proportion does not fall below a quarter and indeed, in Dundee reaches a half. Club organisers in the East Central region are particularly unworried about the prospects of expansion, as too are those in the more rural parts of the West Central region. Where fears are expressed concerning the problems of expansion they are largely concerned with staffing, the only exception to this

general rule being found in the more rural areas, where problems of transport and inadequate premises are also subjects for concern (Table 7.9).

Organisational variation in anticipated problems of expansion

Not only does the degree and type of suggested difficulty vary with place, but also with the organising agency. For example, O.P.W.C.-run delivery centres are generally more likely to be affected by problems of equipment and transport while staffing is the major concern of the W.R.V.S. Whether this is a function of the nature of these two major organising agencies is open to question. The O.P.W.C. appears to be a more open and flexible organisation - there is for example no requirement for its helpers to join the organisation as members as there is in the W.R.V.S. On the other hand the O.P.W.C. arrangement of affiliation of small, largely autonomous groups may not help in the overall solution of problems of equipment and transport. It should be made clear that O.P.W.C. organisers are the most likely to predict future difficulties in service expansion. Only one in five of them say that there would be no major problem(s) associated with service growth compared with a more optimistic four in ten from the W.R.V.S. and three-quarters of Red Cross organisers.

Current commitments and anticipated problems of expansion

Meals on wheels organisers' views of the feasibility of

service expansion must also be related to their current commitments. Heavy service commitment is clearly a significant factor underlying some of their attitudes. The more frequently the centre is in action, the less likely it is that the organiser will predict an easy expansion of the service in her area and the more likely she is to expect difficulties, particularly in terms of staffing and transport.

Interestingly enough, this pattern is not replicated among lunch club organisers. Indeed, only a quarter of the organisers of clubs meeting once a week or less frequently say they would have no difficulty expanding their services compared with one in two of organisers providing a five day service. The reasons given by the less frequent services are largely concerned with staff shortages. On the other hand, the more frequent services appear not so much concerned with staff shortages as with inadequate premises or accommodation.

Differences in lunch club organisers' attitudes towards expansion may be a function of club size rather than service frequency. Certainly the organisers of the smaller clubs (fewer than 30 members) are twice as likely to say they would have no problems of expansion as are organisers of clubs with a membership of sixty or more.

CHAPTER 8

ORGANISERS' VIEWS

Attitudes towards service expansion

It is clear from the previous discussion that the organisation of neither meals on wheels nor lunch club service is problem free. In addition, the majority of organisers foresee major problems associated with growth. Of course, organisers' attitudes towards expansion of the services will be influenced both by what they think is necessary and also by what they consider to be locally practicable. The former will probably be affected by their knowledge of local needs which in turn depends, partially at least, upon the degree to which needs are sought out and/or brought to the attention of the organisers.

Organisations, procedures and their effect upon assessment of need

When meals on wheels organisers are asked if they have any procedure of their own for discovering people in need, apart from those reported to them by other organisations, about half reply affirmatively.

However, the means are unsystematic and largely depend on word of mouth and local knowledge. In the cities even this kind of grass-root contact is absent. In the West Central Region with its comparatively high proportion of O.P.W.C. organised services and in the North East, two-thirds of delivery

organisers claim to have some means of knowing about local needs. O.P.W.C., Red Cross and local authority organisers are most likely to say that they have some established procedure for discovering need while they too are marginally less likely to say that there is no-one in need of meals locally.

The procedures described by organisers for discovering need vary in detail but are similar in kind. One meals on wheels organiser has "posters in shops and post offices giving details of the services" and depends "on helpers and friends of people in need" informing her. Another says "Mrs. X's son-in-law is the local general practitioner and they have frequent discussions about who might benefit from the meals", while a third relies on "confidential reports from local doctors". The efficacy of these ways of discovering potential recipients will be affected by the nature of the community in which the service operates. While this kind of informal communication is part and parcel of the fabric of British life, its reliance upon the initiative and interest of a few people may detract from its total efficiency, particularly in the larger urban areas. However, even in smaller centres, the system may not operate as effortlessly and happily as is sometimes suggested. Conflict of opinion is apparent. While one organiser confidently says "I know all my old folk personally and they would ask me if they wanted meals on wheels", yet another says "the town of Y is small enough for us to be known and

approached and yet some (old people) are omitted as their pride keeps them from accepting (meals)", or "..... our group check up on cases where they think a meal supplied might help. This is horrible in a small area such as this where families have spent their lives from schooldays onwards". Not only is there no common standard procedure but present means are not always effective or acceptable to those who are expected to carry them out. The main loss of course is felt by the old person who might in a different situation benefit from the service.

In the light of this it is not surprising perhaps to find that not only do very few organisers (about one in ten) believe that unmet need exists in their areas, but also estimate it at fewer than four people. The same proportion say that they don't know or are unsure about need, while the great majority say that they know of no-one in need. The organisers of single-day and six-day services are unanimous in this respect, unlike those who serve two, three or four meals to most of their recipients. Organisers in the cities and West Central region are least likely to say that they know of no-one locally who would benefit from having meals on wheels.

About one lunch club organiser in two also claims to have some procedure for discovering new recipients - the same proportion as is found among organisers of the delivery services. The most popular means used are fairly equally divided between contact with local doctors or other health workers, visitation schemes or housebound lists and personal or local knowledge. Procedures

have much in common with those used in the delivery service:

"I am a shopkeeper and know every person in the village and I keep asking for them", or "(I) ask the Wendy Club (ladies club)". Others have "No official procedure. Rely on word of mouth reference - members, doctors, church. They ask around as frequently as possible". Others tend to wait for people to come to them: "As a magistrate and G.P. many people approach me and ask for consideration to attend Lunch Clubs. I never say no. I always squeeze in if necessary". Few are as systematic as the following:

- "1. Periodic item in local press.
2. Poster in local post office.
3. Letter sent to all doctors.
4. Announced in Darby and Joan Club.
5. Speak to pensioners when opportunity presents itself."

Confidence that doctors and other community workers will reveal hidden need may be misplaced. As one organiser says: "A club like this could benefit more old people if doctors, health visitors, etc., knew more about the services we provide and would pass on the information to patients. Old people would benefit as a result of close liaison with the statutory bodies, e.g. medical/social workers."

Only fourteen clubs use visitation lists which would seem to offer a more comprehensive coverage than any of the other procedures mentioned. "This club is in a well populated area and I am sure many more elderly people could be benefitted.

I have had notices in three shop windows but had no increase in numbers. I think door-to-door visitation is called for. I hoped to get round to this but I have other X (voluntary organisation) duties and of course my own domestic ones."

It is interesting that when organiser procedures are examined in relation to control of services one finds that clubs directly controlled by local authorities are three times as likely to use visitation schemes and lists as those clubs in which local authority involvement is minimal or absent.

Lunch club organisers are twice as likely as delivery organisers to point to the existence of local unmet need for their services and while most judge it to involve fewer than twentynine people, one organiser at least estimates that more than sixty potential recipients remain uncatered for in her area.

Organiser awareness of local need is not necessarily dependent upon activity to discover possible recipients, although lack of it may lead to complacency. Nor can lack of awareness be accepted as a true reflection of lack of need. So that while the majority of organisers of both services say that they know of no-one, apart from their current recipients, in their areas requiring meals, there can be no certainty that need is non-existent.

As we have seen, even where need is quantified by organisers, the numbers involved are thought to be small. There seems to be

little relationship between organiser perception of need and the survey assessment of responsibility for running the service.

Waiting lists

Assessment of need will be influenced by knowledge of actual cases and will not always accord with what little documentary evidence exists. One such record and possible index of need might be thought to be the waiting-list, but very few indeed are kept by organisers of either service. It is in the West Central regions and the cities that meals on wheels waiting lists are more likely to exist. It would seem then that the West Central region and the cities are areas of high need if we are to accept both organisers' assessment of local need and waiting-list data. However, before accepting either of these as reliable indices of need, some caveat is necessary.

Waiting-lists as indices of need

A comparison of assessments of numerical need and waiting-lists demonstrates, predictably, that organisers who know of unmet need are more likely to be keeping a waiting-list. However, practically one third of the organisers of both services who say they know of actual cases who need meals, have no waiting-lists.

Urban-rural variations in waiting-list records and assessment of need

Our meals on wheels population included six larger urban centres in addition to the four cities and these are the services which are most likely to have lengthy waiting-lists. In the more rural areas, in centres where the population is fewer than 20,000, 91 per cent of the organisers have no lists. This may of course, reflect the fact that less demonstrable need exists in country districts - we have no evidence to support this idea - but it may also indicate that organisers in the smaller centres think they are more able to maintain a good grasp of the local situation and consequently do not feel the need to keep waiting-list records.

Whatever the rationale of the situation, it would appear that only a small minority of meals on wheels organisers, notably from the larger towns, view the coverage of the services as being anything less than comprehensive for their local area needs.

Review of need

This attitude may partly account for the fact that in 71 per cent of delivery and in 80 percent of lunch clubs centres there is no regular review by organisers of the current recipients' continuing need for meals although a proportion of them - about one in ten of delivery organisers and one in twenty club organisers - arrange that assessments are made at monthly or more frequent intervals. Some of the organisers who do not review undoubtedly

do not do so because they believe or know that the local authority undertakes some form of assessment.

Desirability of increased frequency of meals delivery to current recipients

Although most meals on wheels organisers feel that their coverage is fairly adequate, how do they see their services in the context of their current recipients? When asked whether they feel that the present recipients would benefit from having more meals a week, there is a clear polarization of opinion, just over half of the organisers saying that they would benefit and almost four in ten adopting the opposite viewpoint. Again there are clear areal differences of opinion. The city organisers unanimously support the idea of increased frequency, the balance in favour elsewhere being found in the Crofting Borders and West Central regions. The North East and East Central region organisers tend towards the opposite view.

Reasons for not increasing frequency of meals delivery to current recipients

Of the ninety-nine organisers who feel that more meals would help the old people in some way, fifty-seven say that problems of obtaining voluntary staff would frustrate any attempts to expand the present service. A quarter point to problems of transport and equipment and almost a fifth indicate that they feel that the local

authority would not authorise or support such an undertaking. This latter viewpoint appears to be particularly prevalent in the Borders. One organiser says that she is not able to expand the service because of "a combination of lack of finance, voluntary help and transport. The local authority have so far backed all we do but an extra day would mean 34/- weekly extra for transport for which we pay, as well as extra helpers". The question of availability of help is emphasised by another organiser: "It is difficult to get volunteers at lunchtime and difficult to recruit young women. Most of our volunteers are in the older age group and cannot be used too often. Grants would need to be increased." Yet another adds rather baldly: "In this area we have not yet been asked to provide the service more frequently."

Options for expansion

When delivery organisers who currently provide fewer than four meals per head a week are asked directly, regardless of possible benefit or difficulties in provision, whether they would prefer to increase the meal frequency to present recipients or take on new ones, they tend to favour increasing service frequency, although as one might expect, there is a difference of opinion between the one and two-meal services on one hand and the three-meal services on the other. Since most centres provide two meals a week to their recipients, it is perhaps not surprising that the most popular means of expansion is an increase in the number of meals supplied to present recipients. This is either because

organisers feel that current recipients require more nourishment or because they think that all the needy in their areas have been located and catered for, or both. As one organiser writes, she "can't get anyone else to take the meals. No-one in X is really poor, but some would benefit from having meals but are too proud to take them. It would benefit the present recipients to get more, especially the old men"; another says "we have no waiting-list but obviously it would be desirable for housebound people to have more than two or three meals a week"; or, more succinctly, "four meals per week are obviously better than two". The opposite attitude is adopted by organisers who believe that the needs of their present recipients are being met, who have waiting-lists or else feel that lack of equipment or adequate help would prohibit any numerical expansion. They would prefer to "spread the load and enable more to participate in the scheme who may be in need of proper nourishment", or else believe that "people at present being served with three meals per week are doing quite well. They seem able to manage the other days, therefore if we can help some more people to this extent.....it would be well worth while".

When lunch club organisers are questioned about the choice they would make between increasing the frequency of their service or taking on more members, most opt for increasing their membership (57 per cent). Indeed, the proportion favouring increased frequency of service is only approximately one in six, although it drops to less than one in five among O.P.W.C. organisers and more than doubles among the W.R.V.S. Among organisers who provide

fewer than four meals each week to most of their recipients, the response is contrary to that of the equivalent group of delivery organisers - that is to say, the most popular choice (47 per cent) is to take on more new members rather than give present members more. It is perhaps to be expected that organisers of three day services are more likely to incline towards increasing club membership while organisers of single day services marginally favour giving their present members more meals. The reasons given by organisers for choosing to provide more meals are mainly concerned with the existence of nutritional need among members, or that all the needy are catered for, or that equipment is too limited to provide for more people: "Present members receive as many meals as they want. Need to get more new members - but they won't come forward", or "Caterer couldn't take more people (because of) lack of space. Some could do with more meals - danger of increasing frequency (is) service might be abused."

Lack of consensus concerning need and the retention of the status quo

Quite clearly, expansion of the service in any direction, structured as it is at present, can only take place with the agreement and active co-operation of those who are currently involved in its organisation. It would be difficult to achieve expansion, should it be thought necessary, without a considerable increase in voluntary effort. If this is to be obtained, some

agreement about need as an objective has to be realised. At the moment it would appear that the conceptualisation of local need is subject to wide variation of a socio-cultural nature. For example although one would expect organisers of meals on wheels services which provide their recipients with five or six meals a week to be rather less enthusiastic about making a seven-meal week their object, it is rather surprising to find a fairly large number of organisers who provide one or two meals a week denying the possible benefits which might accrue from the more frequent delivery of meals.

It would seem therefore that not all organisers are convinced of the necessity of providing more than a weekly meal and that the majority are fairly happy with the present situation.

Organisers' perceptions of other service functions apart from meals deliveries

Of course not all organisers believe that the meals on wheels service operates solely to meet nutritional needs of the old people. When asked whether the visit helps the recipient in any other way apart from the meal itself, only 2 per cent of delivery organisers reply negatively. The great majority of them feel that the visit gives the old person a chance to chat and eight organisers in ten say that it enables them to keep a watchful eye on the general condition of the recipient. One-third point out that they are able to offer advice and guidance to any old person in difficulty, and a few specify ways in which help had been given in the past.

These included providing food parcels, collecting pensions and generally performing odd tasks for old people with specific difficulties.

Social contact

As one delivery organiser says, the old people ".....feel they're in contact - that they are not being rejected", and elsewhere that "once the names are on the W.R.V.S. register, we are able to provide the opportunity to join in 'Sheltered Activities' now being sponsored by the L.A. We also deliver gifts of eggs, groceries and cash periodically. Many members of the W.R.V.S. take a personal interest in recipients and visit occasionally, or take (them) for car runs, etc.". Organisers see the visit not only as a means of providing material help for their recipients but also as a way of stimulating old people's interest in themselves and the outside world: "The recipients look forward to the visit and this encourages them to be clean and tidy and have their tables set"; or, "for someone living alone just to see and talk to another person makes a break in a day of loneliness. There is one woman on our round who is an invalid after a stroke. She became very withdrawn and didn't like being visited. After starting receiving meals she became used to people coming to the house and is now happy to have visitors. I think this is a help, both to her and to her husband who retired early to look after her." Nor is the benefit which accrues from this kind of contact restricted to one side. The

providers have their own rewards: "We're always made welcome and (I) feel the service is very worth while for us as well as (the) recipients."

The 'Watch-dog' role

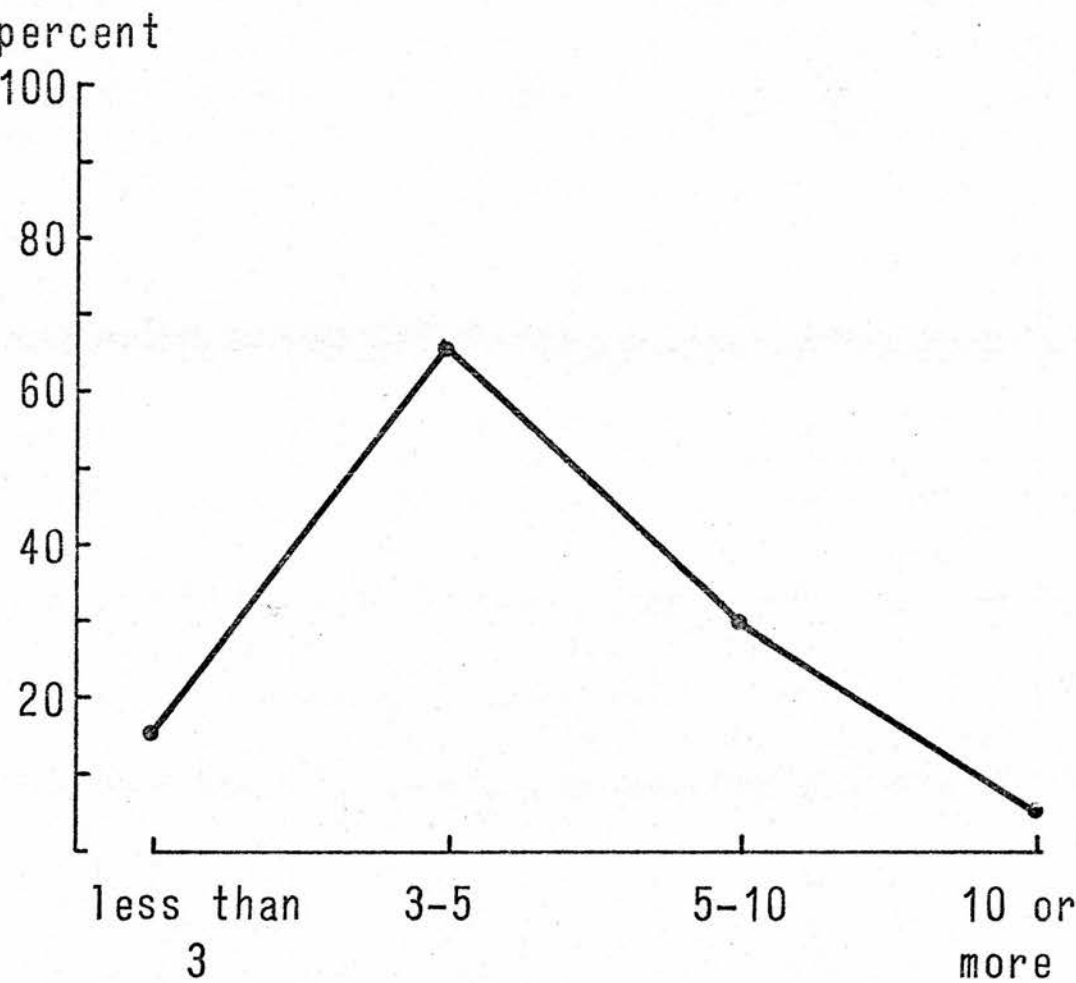
Undoubtedly the watch-dog function of the delivery service is highly regarded by service organisers and is one which can more easily be realised than some of the others which are mentioned, bearing in mind the amount of time any individual helper can devote to a recipient in the course of a round delivery. One organiser records the fact that "in three cases in the last year the delivery man has found recipients disabled - in one case dead." We asked what the organisers did when a delivery helper reported a recipient in difficulties. Only 2 per cent say they have no idea because their contact with helpers is so minimal. The remainder are fairly equally divided between those who would check up personally and those who would pass on the information to a Medical Officer of Health, local welfare officer or doctor.

Time spent with recipients

As many organisers say, one of their main problems is the amount of time they have available to devote to individual

Fig. 8.1

Meals on wheels organisers:
average length of time spent with recipients.



recipients. Some stay "just long enough to dish up the meal.... (there's) no time for talking other than to ask how they are and if they required any shopping, or, if unable to go out, take pension for them the following day everyone has to have a meal hot". Most helpers spend somewhere between three and four minutes delivering the meal and so have rather restricted opportunities for doing more than observing the physical condition of the recipient (Figure 8.1).

For about one recipient in five the meal is delivered in less than three minutes, while about one in eight take longer than five minutes. Much depends on the length of the round and the personality of the recipient, some of whom are said to become disturbed if the meal is unduly delayed and arrives later than expected.

One organiser describes what happens on her round as "while transferring meal from container to place we find out how they are or what news from families etc., but can't spend too long as others are watching the clock and can let you know if you're five minutes late".

Regional variations in service function perception

Both perceptions of function and the amount of time spent with meals on wheels recipients vary geographically. While

organisers everywhere agree on the watch-dog function of the service, city organisers and those in the larger urban centres are much more likely to point out that their helpers can be approached for advice and help than are organisers in other areas. Conversely, organisers in less densely populated areas are more inclined to emphasise the outside contact and interest aspect of the visit. It is possible that recipients have fewer problems in the more rural areas and consequently the advisory role is not emphasised. On the other hand, are elderly people in rural areas more likely to need outside contact than those in the larger towns and cities? This could be assumed if the organisers' statements about their service roles are accepted at face value. One country organiser writes "we live in a small area and the community spirit is very good - neighbours are a great help in some cases and provide meals and friendship". Yet another declares "Meals on Wheels Service has proved a valuable community service: (1) contributed to maintenance or restoration of health of older people: (2) by 'drivers and mates' etc., who have now greater knowledge and enlarged sympathy with this section, so that others than neighbours now help in emergencies in this unusually happy village."

It is reasonable to suggest that distance from formal advice agencies such as the Social Work and Social Security

departments weakens perceptions of the advice-giving role among rural organisers. While the 'community spirit' ethos is encouraged in town and country alike by certain sections of the population it has been assumed to be strongest in rural areas where knowledge of and access to outside help agencies may be more limited. Certainly the smaller town and country services are able to give more time to each individual in the course of delivering meals than are others, and so too do those which operate less frequently in the course of the week.

Lunch club functions and facilities

The word 'club' implies social contact of some kind. The mere fact of sitting down to a meal with a group gives the lunch club service a social function of a rather different kind from that of the meals on wheels service. The horizons of lunch club organisers seem, inevitably, to be wider than those of their delivery service peers. One club organiser sums up her feelings: "Although the meals on wheels service is both necessary and admirable I believe it should be for the bedridden. I'd like to see all disabled old people who are not bedridden brought out to a Centre for lunch/fun/interest/learning/encouraged to be independent - in fact - rehabilitation. These people are 'shut away' all day and they put out desperate pleas for help. Our 50/60 is a drop in the ocean. We'd take more if only hospitals, etc., would bring them here. Every day I get appeals from doctors/hospitals/local authorities."

Certainly the list of facilities produced by some clubs in the effort to provide not only lunch but "fun/interest/learning" is impressive. The writer of the preceding quotation writes of her "hairstressing/barbering, chiropody, television, pottery, laundry, library" and "classes in drama, bridge, pottery, sculpture, literature appreciation, knitting, movement to music, dressmaking, music, old time dancing, etc., dominoes, cards, social gatherings, concerts, films, shows weekly".

As one organiser points out: "The question of what the lunch club provides is difficult because the lunch is a facility of the club". In this particular case, "dancing classes, movement to music, bingo, speakers, film shows, package holidays, drives" all feature among club facilities. However, not all lunch club recipients are so fortunate. For many 'club' recipients, the lunch is the club. Seven in ten lunch 'clubs' provide only the lunch time meal. They can therefore only function as a means of meal provision and social contact. For the remainder, a wide variety of facilities exist. These, as we have seen, are not only concerned with entertainment but also with prevention. Most of the clubs who mention facilities possess either radio or television or both (2:3); half have chiropody (10) and rather fewer have physiotherapy (3) and keep fit classes (3). Most, of course, provide a wide variety of indoor games such as bowls, darts, dominoes, cards, all of which are suitable for sedentary entertainment. A further nine clubs run a wide variety of handicraft classes covering topics such as dressmaking, pottery,

sculpture, jewelry making, and arts and crafts. Seven clubs hold concerts regularly or have their own choirs and five have regular dancing sessions. The latter can on occasion become a remarkably strenuous activity but seems to be not only a source of physical exertion but of considerable enjoyment also.

Very few lunch clubs operate in custom-built premises which allow and encourage the development of such broad based social activities. However, it should be remembered that many of the supportive and entertainment facilities which are found in one in three of the lunch clubs in this census may well be available at other local day clubs which do not provide meals. (Comment on this particular aspects of club services is not possible since inclusion in this survey was conditional upon meals being a club facility or major function). As one organiser writes: "We do not run a lunch club in the true sense of the word. Being a close-knit community all these senior citizens need is an excuse to get out - have a meal and a chat and home again. We are very fortunate that (the) Co-op can supply premises and staff are very good to members (the van driver does all kinds of jobs when she delivers the meals to the housebound and sick people). As we have a very good "over 65 club" and a very active O.A.P.A., there is not the same need for a lunch club as a social facility in this Burgh as in a city." Another organiser comments: "We are fortunate with 4 social service vans to transport our people to and fro and also on special outings. At the moment they arrive fairly early at (the) club for a gossip, have lunch, then after

we clear (the) tables they are left to their own devices.

Generally bingo or dominoes. Vans collect them about 4.00 p.m."

However, for many recipients, there are no facilities for an afternoon chat and certainly in some "clubs" there is pressure to make the lunch time session as short as possible, particularly if the premises are required for other purposes.

Nutritional need and supplementary food provision

As we shall see, a sizeable number of organisers believe the Home Help Service is active in providing for the nutritional needs of the elderly. This belief may well reinforce any feelings they may have or influence their estimates concerning unmet need among recipients. However, their attitudes in general tend to demonstrate a lack of conviction that widespread nutritional need exists among the elderly. This is further underlined by their replies to a question concerning the possible provision to old people of food supplements such as eggs, milk and vitamins. When delivery organisers are asked if they believe old people would benefit from the delivery of such supplements, either free or at reduced prices, only four in ten reply affirmatively. Almost a third of all organisers think that nothing would be gained from this kind of gesture: their reasons vary but lack of need among old people is predominant.

Rejection rates are most widespread in the more rural areas and are highest in the Crofting and Border areas. It is in these

areas too where lack of need among the old is the most frequent quoted reason for believing that a scheme of this kind is unnecessary. Sometimes, two other factors are offered in explanation. Firstly, that provision of this kind constitutes an unjustified interference with the 'independance' of old people and that the charity stigma some organisers clearly associate with welfare-type provision would inhibit old people from participating.

Secondly, organisers who reject the idea say that the scheme would duplicate existing services in so far as money or authorization for foods can be and are obtained from other sources such as doctors and the Ministry of Social Security. One organiser in this group explains that recipients realise that they are already provided with cheap meals and therefore, unlike Oliver Twist, cannot, and do not, expect more.

The question put to lunch club organisers was similar to that presented to delivery organisers. However, rather than ask about the delivery of supplements, lunch club organisers were asked whether or not "a club like yours could help by supplying old people with food supplements either free or at reduced prices?" Surprisingly perhaps, a somewhat higher proportion of club than delivery organisers are inclined to agree that this could constitute a useful measure so far as the dietary needs of the elderly are concerned. Four in ten lunch club organisers reject the idea outright, while a further one in ten organisers are uncertain about its value. The range of reasons put forward by those

organisers who see no possible value in such a scheme is very similar to that found among meals on wheels organisers. The most frequently quoted reason is lack of need: "The old people have never asked for anything additional to what we're doing for them already - if they needed it they'd ask". Others believe that because recipients are able to pay for the meals they receive at the club, there can be no need for free or reduced price supplements: "all people coming (are) able to pay the 2s. (10p) charge", or "most O.A.Ps are able financially to pay for their meal at such a reasonable price". One says simply 'No' because "the meal supplied is in my opinion adequate". Other organisers are less concerned with lack of recipient need as with their own inability to make suitable provision: "We are limited in what we can do - we have a great problem with voluntary labour. I don't want to get involved in it because of voluntary labour. Also believe old people would need to be educated into this - they would think it like orange juice for children". Another thinks that such a scheme would be "open to abuse" (although in this particular case a note is added that "we sell goods through our over 60 club"), while a further comments that recipients are "already covered if needed by M.O.S.S.". One states that she doesn't "think that's the club's job - it's the government's job to increase the pensions".

Rejection rates are found rather more frequently among those clubs run by the W.R.V.S. and the local authorities (6:10) compared with the O.P.W.C. (3:10), and is highest in Edinburgh, among the

cities, and the West Central area among the regions.

Supplementary food thought to be most useful for old people

Organisers who do see a real and possible benefit to old people from supplementary deliveries were asked to identify from a list of particular foods which they thought would be most helpful and they were also asked to add others we might have overlooked. Most delivery organisers agree that milk and eggs would be particularly valuable supplements; somewhat smaller numbers specify meat, fish and fruit, while cheese and vegetables are also seen to be useful supplements by over a quarter of the organisers. Nine meals on wheels organisers qualified our list by suggesting that Complan, Ovaltine, Bengers, diabetic foods, and everyday items such as tea, coffee and butter, and coal could constitute valuable additions to the needs of old people.

A similar range of opinion is demonstrated by lunch club organisers. Among those who think supplementary provision would be useful, most opt for milk, eggs, meat or fish, fruit, vitamin supplements or cheese. A rather smaller number mention vegetables while a fifth of organisers supplemented our list with their own suggestions: Bovril, Marmite, milk drinks such as Horlicks, Ovaltine, and Bourneville, tea, bread, coffee, fruit drinks, soups or "whatever the doctor recommends" are just a few examples. A quarter of lunch club organisers offer a long list of items which do not come under the heading of food

supplements but which they think are necessary for the general well-being of old people. Most opt for fuel provision of some kind: coal, oil, or help with electricity and gas. Household articles such as furniture, heating appliances, bedding and other linen, utensils or various kinds are also popular choices together with personal clothing.

Attitudes to supplementary food deliveries by meals on wheels service organisers

Although 40 per cent of the organisers feel that some scheme whereby food supplements could be delivered to old people is desirable, only one organiser participates in such a service. However, when asked whether they would welcome playing a part in delivering supplements, only 14 per cent of organisers say 'no', although almost one organiser in three is not prepared to commit herself. Definite opposition comes largely from the more rural areas and is more prevalent in the West Central region and the Borders. A substantial minority then would be prepared to attempt to widen the scope of the present meals service in this way, although clearly the majority are unconvinced of its positive value.

Reported changes in the meals services in year preceding survey

It would seem that suggestions for changes such as described above would not be rejected outright by organisers, although few changes are reported to have taken place in the service in the year preceding our survey. Only 16 per cent of meals on wheels

centres report changes which range from the acquisition of paid personnel and equipment, to changes in meals suppliers or meals. Over a third of organisers mentioning changes specify a reduction in the size of their service: "several (recipients) had to stop taking the meals owing to being put on diets by doctor". On the other hand, a little under a third report increases. "The L.A. gave us a paid driver for their vehicles which enabled us to operate on Fridays and add 42 names to lists."

About one in five lunch club organisers report change, almost equal numbers reporting a growth or reduction of service.

The wish for immediate changes in service organisation

Eight meals on wheels organisers in ten will reply negatively when asked what changes they would like to make to their services immediately. Among those who would like to see immediate change, the majority mention an expansion of the service in terms of numbers served or frequency of delivery. There are few differences among the major service organisations in this respect, although the W.R.V.S. are more likely to offer a wide variety of suggestions for change than any other organisation.

Lunch club organisers are rather more inclined to wish for immediate changes in their service than are the delivery

organisations (6:10). Like them however, they are mostly concerned with extending their service to more people or to serving meals on more days or during the school holidays.

The future service as organisers see it

Questioned on the future development of the service, a much larger proportion of organisers of both services are prepared to comment on changes they would like to see put into action.

Extension of the service

Approximately one meals on wheels organiser in five specifies some extension of her service, this attitude being rather more prevalent in centres which operate comparatively infrequently. As one organiser says "(I) would like to see every O.A.P. receive at least two meals per week as far too many, when reaching a certain age, make do with odd cups of tea and 'something' instead of a meal and many tire before completely making a meal and to give variety, etc., do not shop around for changes. After all, what is enjoyed more by any housewife than a meal prepared and set down to her". Some organisers make it clear that although they would like to expand their services they do not believe this to be feasible. "I would like the service daily but knowing the difficulty of recruiting voluntary help this, under a voluntary organisation, is impossible." She adds the rider that "we assist this by

giving a very large helping". Others take the theme further: "Yes - expand the service but this could only be done by employing paid staff and by an increase in the facilities for delivery" or even, "yes - put the supplying of meals and delivering by paid drivers of the local authority". Very few organisers however, would welcome transferring their service completely to a Social Work or other local authority department, and where such a feeling does exist, it would seem to be precipitated more by concern for the efficient running of the service than by the wish to opt out of responsibility of its organisation. One organiser puts it in this way: "I should like to see the service being taken over completely by the local authority. In fact it should become a National concern."

About the same proportion of lunch club as of delivery organisers is concerned with the future expansion of the service: "Extend the service to daily (not 5) including casual meals. I consider it a duty to attend (to) those less fortunate; too often the men go for (a) snack to the pub." However, lunch club organisers demonstrate a similar pragmatic approach to the practicalities of expansion: "... premises are unsuitable, kitchen facilities inadequate; steps between kitchen and hall make the use of trolley impossible, and there are 15 steps down to the hall which are difficult for some old people to negotiate"; or, if premises are adequate, staff are not: "... present system relies heavily on voluntary help in delivery and distribution. Domestic commitments often reduce this service by half. If

lunches were served every day the present means of voluntary help would not be forthcoming; the service would not be as adequate over a seven-day period. This is undoubtedly the prime reason why clubs only provide a service on two or three days". Some organisers report a long struggle attempting to improve and expand their services: "Our present premises are in an old derelict house which we have adapted as far as possible to our requirements to enable us to have our lunch club in it. We had been trying since the middle of 1950 to build premises of our own to accommodate all welfare services, but we never seemed to get the L.A. to back us. However, we have finally managed to get part of a community centre which at (the) present time is being adapted for us with (a) nice big modern kitchen and dining hall. When that is ready for occupancy we have plans drawn up to extend our service to 5 days. We are fortunate with 4 social service vans to transport our people to and fro, also on special outings". They are indeed. Transport problems are keenly felt in some areas and seen as an obvious obstruction to service development: "more semi-housebound and disabled could use the club if it were possible to arrange suitable transport". Another organiser reports that "the service provided through the corporation of X community centre is appreciated by the members able to participate in this provision. 75 per cent of our neighbourhood cannot afford transport fares to participate in this service".

A question about the provision of free transport to club premises was included in the lunch club survey. One club in ten

already supplies transport for all or some of its members. Half the remaining organisers believe that free transport should be provided for their members. The most frequently given reason for not supporting the idea of free transport is that "All live near at hand and like the walk". The same number of organisers (12) point out that the elderly in their area receive fare concessions, or have an adequate bus service available to them. Six at least believe that "It is better for them (the members) to make the effort of going out." They ask "why remove the independence of the present day citizen!" and one adds "It's good for them to walk".

On the other hand the plight of the bedridden who cannot walk remains largely in the background. As one organiser writes: "We'd take more (members) if only hospitals, etc., would bring them here. Every day I get appeals from doctors, hospitals, local authorities. Can nothing be done about transport?"

Lunch club facilities

Of course, it is predictable that lunch club organisers should appear to be predominantly concerned with club premises and facilities. However, when asked directly about other facilities their club might acquire, two-thirds of organisers say that their clubs do not need any more. Of those who do specify some facilities, most opt for hairdressing, barbering or chiropody. The remainder would like to improve the range of

entertainments available for members or to provide personal facilities for washing or laundry. It is interesting that two organisers would like to provide medical assessment facilities for their members - an imaginative development of club function.

As with meals on wheels organisers, a small number of club organisers wish closer or total government control of their service, or for the employment of paid staff: "paid staffing (for) lunch service in each district so that the elderly be fed once per day per week", or, as one Fife organiser puts it, "County (should be) taking over meals service as they did chiropody".

Informalization of the service

Others, however, feel differently and would prefer to informalize the structure of the service. So, for example, one meals on wheels organiser "would like (the) service to be extended to more of the elderly people without it requiring the doctor or welfare officer's recommendations". Some organisers clearly perceive that stringent application of the rule requiring a doctor's certificate or social worker's approval to ensure service militates against its most effective operation. "Many old people I am sure would accept our service if W.R.V.S. personnel themselves were allowed to investigate. They resent a visit from the Welfare Officer and in particular they do not

like their neighbours to see him call. This gives them the idea that Meals on Wheels is a charity rather than a service and most are too proud to accept charity." Another, perhaps sharing this viewpoint, would like to see all "over pension age automatically qualify" for meals on wheels in the future, while another hopes that the meals will become "available to all patients on supplementary benefit irrespective of medical need, at a payment of 1/- (5p) and to all old people at the economic cost of the meal (2/9) (14p.)".

Organisers' attitudes towards other help agencies:
the Home Help Service

Another factor which will influence organisers' attitudes towards the meals services is the part they think other domiciliary services play in the support of their recipients. For this reason questions on the Home Help Service were included in the postal schedules, asking specifically whether, in the experience of the organiser, home helps assisted in buying and preparing food for needy old people and also whether there were any ways in which the Home Help Service could contribute towards the general work of the Meals Services. Their replies are of particular interest to those who believe that the domiciliary services and isolationism are no strangers to each other, for a third of all service organisers say that they have no idea what the Home Help Service provides for their recipients in the way of help in the home. Of the remainder, the ratio of those believing that the old people get the assistance they require to those who disagree is of the order of 2:1. About a fifth of all the

organisers point to defects in the Home Help Service. These are most commonly concerned with the fact that in particular areas there is no Home Help Service; that home helps are limited in numbers, or else specifically instructed not to undertake cooking meals. "Some home helps come only for two hours - Monday - Friday (or) Saturday. There is a limit to what they can do. Make breakfast, bed, wash-up, tidy up, or miss something and shop - (then) no lunch or tea prepared". (Lunch club organiser). Other points range widely from organisers who say that home helps can be very unreliable, to those who state that not all old people qualify for the service anyway, and, perhaps most pertinently, to the delivery organiser who says that home helps cannot provide a meal as cheaply as the meals on wheels service can. The economic advantage to meals services' recipients is also emphasised by lunch club organisers: "In this district if the home help makes meals, then the personal care must suffer. It is not possible to make a good meal every day with all necessary vitamins on the pension allowance. Also (there is) the price of cooking."

Regional variations in organisers' reactions to the Home Help Service

Opinions of the adequacy of the service fluctuate and, cities apart, adverse reaction is more likely to be obtained from the more rural centres serving populations of fewer than 20,000 where lack of knowledge about the work of the Home Help Service appears to be more widespread. However, there is no

consensus of opinion between regions regarding specific inadequacies. While the number of delivery organisers involved is small, it is apparent that in the Crofting and North Eastern regions - where all adverse comment originates from comparatively sparsely populated areas - the main grounds for complaint are that too few home helps are employed to meet local needs. Elsewhere criticism is more likely to be directed against the structure and organisation of the service rather than against the work of its members. Comments such as "many of our people have no home help between the hours of 10.15 a.m. and 12.45 at the normal time for cooking lunch" or "Home helps usually only (attend for) two hours. Have time to shop but not always to cook. Also times vary from day to day." are fairly typical.

The fact that home helps do not prepare and/or cook meals is not viewed as being especially disadvantageous to the interests of the clients of either services: "If meals are supplied it means that the home help can go in at another time of the day - thus relieving some of the strain on the Home Help Service." However, there are exceptions. One delivery organiser at least sees positive disadvantages to the Meals on Wheels Service from home helps undertaking meal preparation and quotes an example which may have had rather unforeseen results "the home help was hindering our service. Home helps were cooking the meals. (I) raised (it) at three-monthly conference at -----; these conferences are now

cut down to 1 x 6 months." Outright condemnation of the quality of particular home helps is rare although specific areas may be unfortunate: "In some cases they don't cook the meals when they should. Only two home helps in (the) village. One quite good but neither were adequate - did not work hours they should and lacked supervision. They didn't have interests of old people at heart." One rather bluntly comments: "Home helps (are) out for the money" and sees little point is developing any kind of working relationship between the two services. In this respect she is not unique.

Unfortunately representatives of the Home Help Service were not included in this research project and cannot therefore present an answer to these criticisms. Certainly any plans for reorganisation of domiciliary services would require an investigation of the attitudes of the members of both services if their skills are to be co-operatively exploited.

The scope for co-operation between the meals and home help services

Undoubtedly, co-operation between the two services is fairly limited in the meals organisers' opinions. Just over half of the organisers of both meals services reject the idea that home helps could contribute to the meals service in any way, and a further quarter are unable to offer any suggestions for possible co-operation. However, the remaining organisers

do make constructive comments: almost half of meals on wheels organisers would like to see some lines of communication established between themselves and the home help service to enable them to exchange information about their work and clients. Almost the same number would like to see the home helps set tables and wash up dishes for the recipients; others are anxious that meals should be cooked by the home helps on days when the meals service is not operating. Only 1 per cent of the delivery organisers report that home helps already co-operate and work with the meals deliverers in some way. One offers an example of how her own efforts are supported: "Excellent co-operation from Home Help Service in own area, e.g. table set, plates heated, money ready giving the meal distributor time to talk to recipients."

Of the thirteen lunch club organisers who believe that the home help service could contribute to the work of the clubs, eleven believe that it should take the form of either notifying them of needy cases or of recruiting members in other ways. Others (4) think that home helps could collect meals from the clubs for old people or could assist members in preparing themselves for going out for their club meal.

Problems of co-operation

Apart from small acts of practical assistance few envisage active co-operation between the services. Where active co-operation does exist, there are problems. Some centres do

consult with the home help department: "before starting Meals on Wheels to any person. Unfortunately the administrative difficulty of ensuring that the Home Help position has not changed is virtually insuperable. Home help hours are constantly being changed. We do our best to ensure that there is very little duplication of service. By consultation, exchange of information and co-operation they do contribute." As might be anticipated, the writer is a city organiser who also reports that as the Home Help Service extends so the demand for Meals on Wheels decreases.

The fear that more widespread use of the Home Help Service in cooking meals might lead to the run down of the Meals on Wheels Service certainly exists. It may even underlie some of the rather hostile opinions expressed by a minority of meals service personnel.

However, the increasing need for domiciliary meals among old people and the staffing difficulties of both services provide little foundation for the belief that the Home Help Service will take over the work of the Meals on Wheels Service. Rather, it should encourage co-operation and the more rational organisation of both services for the benefit of their recipients.

Certainly it is to be regretted that there appears to be little in the way of active co-operation between the two meals services themselves. In eighty-one of the ninety lunch club centre areas there is also a meals on wheels service. One

organiser makes a special note: "Note that this lunch club is run in conjunction with Meals on Wheels. L.A. give a grant to old people's Welfare Club, who in turn give W.R.V.S. the cost of transport (four hours weekly @ £1 an hour with driver). This includes collection of bulk containers for lunch club, and Mabbot individual meal units (in 10 unit containers) delivery to lunch club - Meals-on-Wheels route, back to club to collect empty containers, then return to hospital for sterilisation of all containers..... (The) advantage of this service is that lunch club members who are temporarily housebound are transferred to Meals on Wheels list, as happens in January, February." It is unfortunate that such arrangements are not more widely established. Undoubtedly much of the cause of this situation lies in the fact that there is little co-ordination of services either within or between local authorities and voluntary agencies. While voluntary agencies may look to their local authorities for support in cash or kind, they do not usually do so for organisation and management. Fear of local government control is a historical inheritance which affects not only voluntary organisations but other groups - such as doctors - also. Unfortunately inadequate co-ordination is also a characteristic feature of voluntary agency activity.

Liaison with local authorities and other agencies

However, a widening of the scope of the service does not necessarily imply active Local Authority control but does almost

certainly mean better communication between voluntary organisation and Local Authority. One organiser would like to have "more immediate liaison with the Local Authority in providing new equipment quickly and renewing old equipment immediately" while others hope that the future will provide "more Local Authority backing" or "a little more co-operation from (the) Authorities." The need of the individual organiser for some kind of recognition and support is emphasised by the following quotation, written one feels more in confusion than in anger: "I have organised this route now for fully one year. Not one penny grant have I received - result debt at the bank at the end of (the) financial year. We receive 1/6 (7½p) from recipients and pay 1/9 (9p) to headquarters. Over and above I have fuel to pay for the Hotlock twice a year and I had to pay for the Hotlock when we started." Whatever the rights or wrongs of this particular situation, the fact that it exists would seem to indicate weaknesses in the organisational structure of the service.

The question of liaison between voluntary organiser and local government officials is difficult since some organisers feel that too close an association will foster bureaucratic control. On the other hand communication with health and social workers who might be expected to be aware of needy old people is usually regarded as being desirable but not always effective: "I feel that there are a great many more who need Meals on Wheels and would benefit but there does seem to be

great lacking in liaison between us and the medical services, e.g. the G.P's and District Nurses - almost never do they request meals I should like to see Old People's Welfare at Council and Borough levels organise efficient visiting and welfare services" writes one organiser in a rural part of the Central belt. Another points to the variation in knowledge between health workers and the effect that poor communication has on the type of help offered to the elderly: "Very few recommending authorities check on other help being applied for or already in force. Many G.P's recommend on request from patients - others never at all. We constantly find that people are not aware that home helps can be asked to cook and many of the old people do not find it easy to ask a home help to do specific things. It could be made clear by the Home Help investigator just what the H.H. could do."

On the other hand, one lunch club organiser writes that "regular training courses would help the voluntary workers to co-operate more effectively. The results of this survey may well help us to improve our services. We rarely criticise or (take) advice from others with experience."

Organisers' attitudes: Conclusion

There is no doubt that the majority of organisers are interested not only in the quality of the meals services but in the general welfare of their recipients. It is a measure of

their concern perhaps that they gave so much time answering questions which to some may have appeared pointless. That they were prepared to do this is largely due to their conviction of the worth of the services, both to servers and served alike: "This is a service which has given satisfaction to all of us who have operated it. From the first we have felt very welcome in the homes and with time feel that we are welcomed not just with the meals but as friends. Those who had to give up for various family or health reasons did so reluctantly and strangely enough when that happened there always seemed to be someone who seeing the van on its rounds was ready to offer help if required." (Meals on wheels organiser). While not all organisers will be in the happy position of having adequate voluntary help, most would subscribe to the other comments of the writer. Perhaps the best summary of organiser attitude lies with the following organiser who says: "Whilst I do not consider the (Meals on Wheels) system completely ideal, I can think of no other way of so many people receiving meals so quickly, economically and regularly."

CHAPTER 9

THE RECIPIENTS : SOME CHARACTERISTICS AND ASPECTS OF LIFE STYLE

The successful applicant

Before discussing some aspects of consumer reaction to the meals services, it is perhaps appropriate to examine some of the characteristics of the consumers in terms of their provenance and ability for self care.

We have seen that there is a consensus among delivery service organisers that any elderly person who is bedfast, housebound or whose ability for self care is limited on account of handicap or lack of family support is eligible for meals, although other specific conditions operate at local levels and with different emphasis. The question then arises: what of the successful applicants? If one were to construct a profile of the 'average' meals on wheels recipient, how far would it coincide with that given by organisers? How well do the actual characteristics relate to the official image?

Age and sex

The proportion of recipients receiving Meals on Wheels who are under pensionable age is low, nowhere exceeding 4 per cent, and that in only one of the regions, while only of the order of 1 per cent in the cities. The overall average is 2 per cent,

a figure comparable to that found by Harris in her survey. (This figure may not reflect the actual numbers of non-pensioner recipients, especially among men. It would seem from the evidence of the interviewed recipients that some under-enumeration of non-pensionable age recipients has taken place on the postal survey, for 8 per cent of men interviewed were less than 65 years of age compared with 2 per cent of women who had not reached retiring age. The sex ratio among the under 65's group is 1:1, although for the over 65's group women dominate in proportions of 3:2). However, approximately six recipients in ten of both sexes are seventy-five years of age or more. The meals on wheels service then, is clearly directed towards the needs of the older age groups (Table 9.1).

As one might expect with a service catering for an elderly but more mobile population, the age distribution of club recipients is much less heavily weighted towards the upper end of the scale, the modal age group being 70-75 years. Overall the proportion of members over the age of 75 is two-thirds of that found among delivery recipients (i.e. 4:10), while the sex ratio, not unexpectedly, is dominated by women (2:1) (Table 9.2).

Marital status, age and sex

In general, women recipients of both meals services are rather more likely to be single or widowed, while the proportion

of male recipients with a surviving partner is almost twice that of women. In the meals on wheels service age appears to be of some significance in that under pensionable age men are more likely to be single or widowed than are the women, while, of course, at the opposite end of the scale, this position is reversed. Fewer than one club member in ten is under the age of sixty-five and of the nineteen members in this group only three are male. Club recipients of both sexes are rather less likely to be single than are meals on wheels recipients and rather more likely to be married.

Of course, marital status does not necessarily reflect living status - not all old people without a partner live alone.

Living status

It can be seen in Table 9.3 however, that eight in ten of the meals on wheels recipients do live by themselves. Living alone and the possible side effects of social isolation and lack of supportive help are other factors offered by organisers as conditions of eligibility. It would seem therefore, that the great majority of delivery recipients do meet these particular requirements also.

It is perhaps surprising that lunch club recipients are only slightly less likely to be "loners". Seven in ten lunch club recipients live alone, while the proportion living with

their spouses is a little higher than is found among meals on wheels recipients (Table 9.4).

Age, sex, living status

In both meals services, the proportion of male recipients living with their spouses is twice as great as is found among women. Among the few 'young' (under 65 years of age) delivery recipients, rather more men live by themselves than do women, while above the age of 65, the reverse relationship holds true. While there is no difference in the proportions of men and women living alone who receive meals on wheels, there is a weighting towards solitary women in terms of club membership. Some three-quarters of female club members live by themselves compared with 60 per cent of the men.

Handicap

The very great majority of meals service recipients then are aged and live alone, but to what extent is age and isolation accompanied by handicap? There is widespread agreement that handicap leading to impeded self-care is certainly a major factor in obtaining meals on wheels. This survey did not attempt any clinical examination of recipients but merely sought to elicit statements about their general health and day-to-day problems, particularly with respect to mobility.

Meals on wheels recipients' assessments of their abilities for self-care

Respondents are fairly evenly divided into three groups in terms of their opinion about their physical ability to cope with day-to-day life. Three in ten say that they have no difficulties, the same proportion say their difficulties are considerable, while the remainder - about four in ten - admit to some problems.

City recipients are slightly less likely to deny the presence of a handicapping condition than are recipients from smaller centres (Table 9.5). On the other hand, proportionately more old people claim considerable difficulty in coping in the smaller urban centres. It is difficult to assess the significance of this finding. The fact that the city services are usually under considerable pressure would lead one to expect that there would be fewer city people receiving meals who have no difficulty in coping than is the case elsewhere. The range of conditions giving rise to problems of self-care is, as might be expected, headed by arthritis, rheumatism, circulatory and heart conditions, and general frailty. There is little difference in this disease distribution in terms of location.

It is of some interest and perhaps not surprising that higher proportions of the youngest and oldest groups claim most difficulty in dealing with every-day life. One would expect handicap, as opposed to isolation or age, to be a more frequent factor in gaining meals among the younger

recipients, while extreme age is accompanied by more widespread disability. Even so, among recipients of 85 or more, just over one in four disclaim difficulty of any kind compared with one in ten of the under 60 years age groups. The 'young' recipients would seem to have a higher than average rate of self-declared disability, particularly with respect to respiratory and muscular conditions, such as asthma, bronchitis, Parkinson's disease, multiple sclerosis and spasticity.

Lunch club recipients' assessments of their abilities for self-care

As one might expect, lunch club recipients are much more likely to deny the existence of any problems of self care. Some seven in ten say they have no difficulty at all in coping. Unlike delivery recipients, club members in the small urban and more rural areas are very unlikely to claim considerable difficulty in coping. This is not an unexpected finding. Transport facilities are sparser in the more rural areas where members are generally expected to walk to the clubs. Certainly it may be that the delivery service is complementing the lunch club service in some areas by dealing with the more handicapped elderly. The fact that one city club member in ten reports having considerable problems in caring for himself does perhaps reflect the greater ease with which city clubs can cater for the more handicapped members of the community, especially if club transport is available (Table 9.6). In other words, it

may be that for the more handicapped access rather than disability is the controlling factor in gaining club membership. The problem of getting to clubs in areas where public or special transport is difficult or unobtainable may be the most significant factor in explaining the larger proportion of handicapped in the more urban clubs. Among lunch club recipients there is not such a marked association between age and difficulty in coping. About seven in ten of all decade age groups declare themselves to be problem-free. However, under the age of sixtyfive this proportion falls to six in ten and to a point between these at the age of eighty plus. (However, 10 of the 11 members over the age of 85 reject the idea that they should have any problems of self-care at all!) As with delivery recipients the younger clubmembers are more likely than any other group to suffer from muscular conditions such as Parkinson's disease, multiple sclerosis and spasticity.

Difficulties of self-care and sex

The answers given by the sexes concerning the degree of difficulty they experience fluctuates widely, particularly among meals on wheels recipients. Almost half of the male delivery recipients say they have no difficulties in getting out and coping compared with just under a fifth of the women recipients, while one in three women rate their difficulties as being "considerable" compared with only one man in five. The men in the group who are most affected by considerable difficulty are

those who are married, a third of whom declare that they have major problems in coping. However, this proportion is approached and exceeded by all the female groups, in particular by married women, over half of whom say that they have considerable difficulty.

As is to be expected, greater proportions of women are affected by all the physical conditions listed with the exception of limb defects (Table 9.7).

Lunch club recipients demonstrate a similar concentration of claimed ill-health among the female sex, although to a much lesser degree than that found among meals on wheels recipients. Some seven in ten women compared with eight in ten men say they have no problems which inhibit them in looking after themselves. The most common handicapping conditions for both sexes are circulatory or cardiac (Table 9.8). A comparison of the two service populations in terms of their claimed health status clearly shows the expected differences. Lunch club recipients are more than twice as likely as meals on wheels recipients to say that they have no problems in looking after themselves. Where they do have problems they are less likely to be those which affect mobility.

Recipient characteristics reviewed

As we have seen then the outstanding characteristics of Meals on Wheels recipients are age and isolation. In a service

basically geared towards the handicapped it would be surprising were it to be otherwise. Only a very few recipients are under pensionable age, and there is an heavy bias towards the venerable years of seventy-five or more. In addition, eight recipients in ten live alone and seven in ten have some self-declared problems of care. They are then a particularly vulnerable group, scoring highly on the most generally recognised 'at risk' indicators for the aged. However, it may be said that none of these factors necessarily constitutes a valid reason for service provision. Age and ageing are not synonymous processes, isolation cannot always be associated with anomie or alienation and physical handicap may be supportable and not totally inhibit self-care. However, as one might expect, the majority of recipients will score on more than one of these indices of risk. The majority not only live alone but are also very aged and admit to problems of self-care. Of those who say that they have considerable difficulty in caring for themselves, no fewer than seven in ten live alone, a proportion only slightly smaller than among those with few or no problems (Table 9.9).

The situation of lunch club recipients is somewhat similar. Leaving aside the fact that by and large they are not a handicapped group (this service is not concerned with handicap as a necessary condition of eligibility), they also score on factors of age and isolation. Seven club recipients in ten live alone. Six in ten of those who claim to have difficulty in coping also live by themselves (Table 9.10). The club service is therefore catering

for a group who, by virtue of age and living circumstances, might well be thought to need preventive support. They are in effect the potential source of demand for tomorrow's meals on wheels service.

Before leaving the subject of the recipients' characteristics to discuss the wider environmental situation in which meals service recipients find themselves, it is perhaps necessary to spend a little time discussing the acceptability of self-declared levels of handicap in a survey of this kind. How reliable are these self-assessments of incapacity?

We have seen that eight meals on wheels recipients in ten say that they cannot manage for themselves without some kind of difficulty which is largely physical in origin. What other corroboratory evidence exists to substantiate these self-evaluations? Table 9.11 shows the degree of association found between recipients and interviewers in their assessments of recipients' health status. Thus observational data collected by interviewers support recipient opinion.

Among isolated recipients who have considerable difficulty in coping, only one in ten are categorised by interview as being both active and alert, while over 80 per cent are described as having some form of mainly physical impairment. Even if both respondent and interviewer are validating a form of mutual bias, further support for the respondents' and interviewers' expressions

of the range and degree of handicap prevalent in this population is to be found in the fact that the great majority of those with considerable problems of self-care are also housebound. Even among those who say they have no difficulties, over a quarter are receiving meals on wheels on the advice of professional social service workers.

There is the same order of agreement between club members and interviewers. Nine in ten of the club members who say that they have no difficulty in caring for themselves are also judged by interviewers to be both active and alert and a further 50 per cent are assessed as being alert but not completely physically able. Similarly, of the small number (15) of club members who claim to have considerable problems of self-care, most (12) are similarly judged by interviewers (Table 9.12).

Interviewers' assessments, sex and eligibility for meals

Longevity is a female rather than male attribute and it is hardly surprising that women recipients should outnumber men. Certainly, sex was seldom mentioned by organisers in the postal surveys as being a condition of eligibility. However, in the course of conversation, some delivery organisers did mention the fact that, all other things being equal, they might be more inclined to give preference to a solitary man. Women, it is assumed, have had more experience of self-care in the past and the habit dies hard. This being so, is there any evidence of

a bias towards men among the current recipients? Is it easier for a man to gain access to the meals services than for a woman? We have observed that proportionally more men than women deny having any difficulties in coping with their day-to-day lives. Self-evaluation of health is admittedly an unreliable tool for evaluating need. Other studies demonstrate that men do tend to suffer stoically and are less willing to admit to problems and need than are women. On the other hand there is evidence of greater morbidity among elderly women, possibly as a result of selective mortality.

Apparent support for the contention that mobility and activity are less restricted among the male than the female meals-on-wheels recipients may be found in the assessment that interviewers made at the conclusion of each interview. Again, these are subjective judgements open to a bias of all kinds, not the least perhaps being that all the interviewers were women! However, their assessments do correlate in many respects with those of the recipients, so much so, that one wonders whether they too operated differential standards in judging each sex, since variation where it does exist applies to one group of women. About half of the male recipients conceded that they had no difficulties in coping, while 54 per cent of them were judged by the interviewers to be both mentally and physically alert and therefore not excessively handicapped in terms of self-care. However, the proportion of women assessed to be problem-free in this respect by the interviewers is almost twice

as high as that obtained by self-evaluation. It is among single and widowed women that interviewers have failed to underwrite delivery respondent's feelings about their own incapacity.

Overall, as we have indicated, for both meals' services there is a fairly close relationship between respondents' and interviewers' assessments. Of those respondents of both sexes who deny having difficulties, approximately eight in ten are similarly judged by interviewers. (This ratio reaches nine in ten for club members.) On the other hand, interviewers disagree with only one in ten meals on wheels recipients who feel the problem of daily living keenly. If, as both interviewers and recipients of the delivery service suggest, women are more commonly affected by difficulties of management and self-care than are the male recipients, what other criterion might influence male eligibility? We asked interviewers to assess the appearance of the respondents on the basis of given categories ranging from good, i.e. clean and tidy, to very neglected. Again, the personal standards of the interviewers themselves will influence these results but in general they appear to demonstrate a degree of conformity: that is to say, more women are found to be tidy and neat than men, except for those men who are married and living with their wives. For every woman who receives meals on wheels and appears shabby and neglected, there are nearly two men. Perhaps it is neglect of this kind which acts as a spur to acceptance of the male applicant.

The elderly man, living by himself in some degree of personal squalor, may arouse more sympathy than the old lady who has problems in terms of care but who manages, perhaps through habit, to keep up appearances. The point is debatable and the evidence is not substantive.

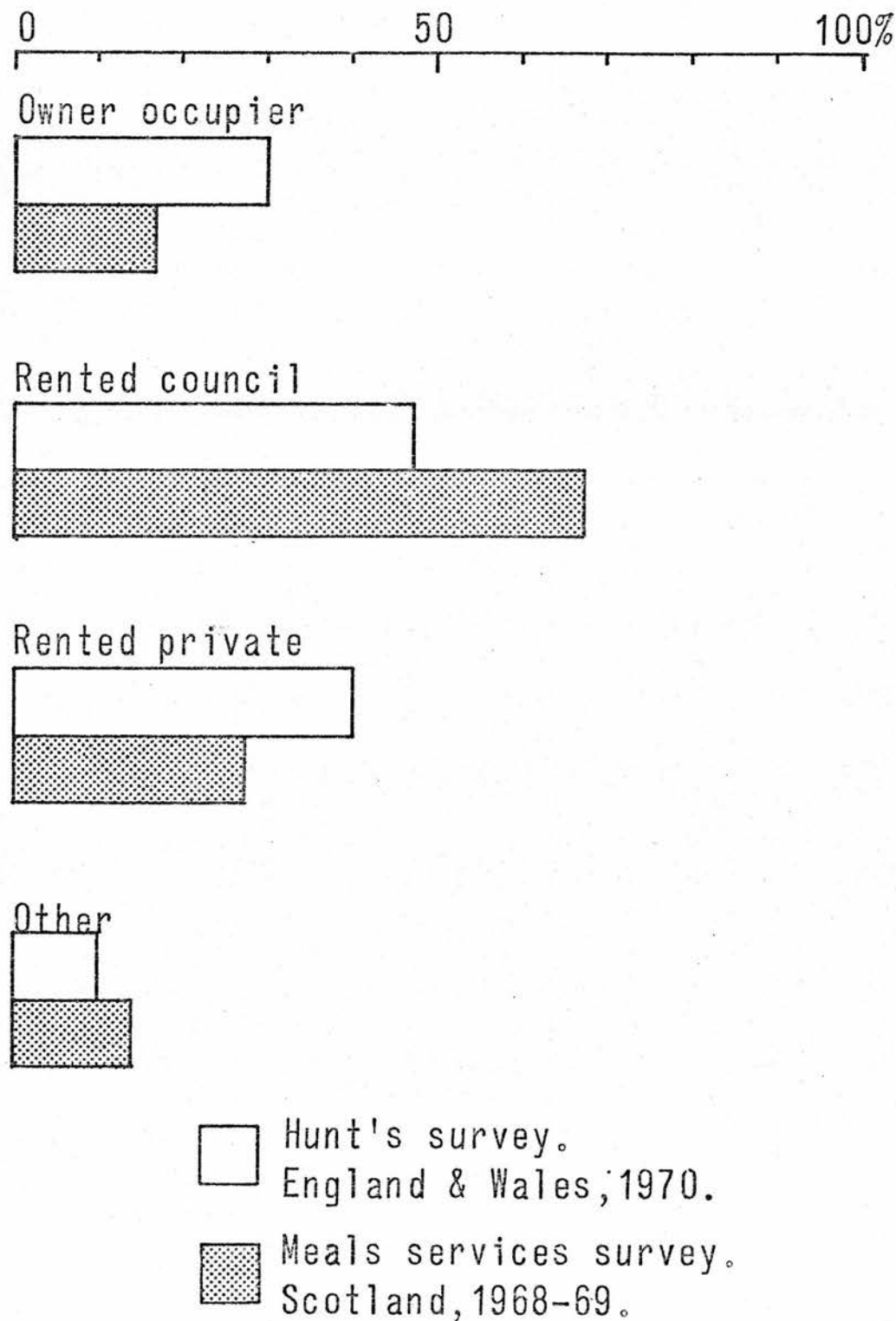
The meals service surveys not only collected data about the personal characteristics of recipients but also provide information which sets them in their wider social situation. From the physical point of view housing and finance are perhaps most fundamental to successful old age living. Contact with the outside world is similarly important for psycho-social health.

Housing

From the viewpoint of the old and/or handicapped, housing constitutes a major environmental concern. Although this survey did not include any detailed evaluation of the adequacy of recipients' housing, information was collected in terms of type of house, its ownership and, perhaps more pertinently, its location in respect to accessibility to shops and transport. Some value judgements are also made by interviewers about the general condition of houses where they were seen, but no questions were asked about interior facilities or their suitability for the special needs of old people - a subject which has been and is being examined in other surveys of populations of the elderly.

Fig. 9.1

Meals service recipients:
house tenure.



House tenure

A very low proportion of respondents of either meals service actually own their own houses, eight in ten renting their accommodation, the majority from local authorities. This figure is comparable with Hunt's survey of Home Help Service recipients in England and Wales (Hunt, 1970) and reflects the national situation of old people in general. However, as might be expected in Scotland, reliance upon local government housing is heavier than elsewhere, and is particularly high among this group of old people (Figure 9.1).

House type

Over two-thirds of the recipients of both services live in flatted or tenement accommodation, one in three of all recipients at first floor level or above. Of the remainder who occupy houses, most live in single-storied terraced, semi-detached or detached bungalows, cottages or prefabs.

Clear variations in housing type exist between the city and the more rural areas. In the cities nine in ten meals on wheels recipients live in tenement flats, one in five above first floor level. In the rural areas only three recipients in ten are tenement dwellers and none live above first floor levels. Not all of these of course live in modern tenements with what, for some old people, is the suspect benefit of a lift,

but rather inhabit the nineteenth century stone blocks characteristic of urban Scotland. In either type of building it is possible to meet old people who are physically fairly competent but emotionally handicapped by the fear of lifts and stairs and who thus become housebound. Allocation policies or perhaps lack of them, may well lead to this kind of situation. Research has already indicated the apparent inadequacies in their field, particularly in respect of the aged (Buckle, J. 1971; Fox, D. 1973). However, even in this survey, old people with disabling conditions were found who had been very recently allocated new housing on the upper floors of tower blocks. Indeed, over a quarter of the old people receiving meals on wheels who have considerable problems in caring for themselves, live on the first floors or above in tenements. (The comparable proportion for lunch club members is 40 per cent.)

It should be emphasised that 'high rise' living is more widespread in privately rented accommodation than in Council property. About one in twenty Council house occupants live on the second floor or above compared with one in five old people who are similarly placed in privately rented housing. As might be expected, houses of all kinds (terraced, semi-detached and detached) are twice as likely to be owner-occupied as to be rented privately or from the Council.

Although attention has been drawn to the plight of some old people who live by themselves in large detached houses, only 2 per cent of the meals on wheels sample (and only 2 club members) fall into this category. These recipients however, all live by themselves in the more rural areas and half of them express some reservations about their ability to cope. These results substantiate Hunt's not unexpected findings that senior recipients in the cities are more likely to be maisonette or flat dwellers and less likely to live in whole houses or bungalows (Hunt, 1970).

House condition

Although no information was collected about specific structural inadequacies, very general assessments about the interior cleanliness and appearance of the respondents' houses were made, since a substantial minority spend much of their time indoors. Our interviewers concluded that one meals on wheels recipient in six lives in neglected and shabby surroundings. Standards in urban areas appear to be lower than elsewhere for about one house in four is rated poorly by interviewers compared with approximately one house in eight elsewhere. The conditions in which club recipients live are somewhat less likely to be poorly

rated. The home environment of about one club member in twenty is considered to be 'neglected' (an euphemism one knows for a wide range of conditions from just poor to the really appalling).

Rather unexpectedly, no association is found between degree of incapacity and poor house conditions. Some explanation lies in the fact that more handicapped recipients are more likely to receive support from the Home Help Service. On the other hand, poor surroundings are associated with both sex and marital status. Solitary men who receive meals on wheels are almost twice as likely to be living in scruffy and neglected conditions as are women of comparable status. On the other hand, eight out of ten men and women living with their spouses enjoy pleasant, clean surroundings.

House location: distance from shops

At least a third of recipients of both services live within easy access of one general food shop, although for one in ten obtaining basic food necessities may involve them in a walk of more than ten minutes. For a quarter of old people living by

themselves the nearest shop is calculated by interviewers to be at least eight minutes' distant. For those who are mobile, a walk to the local shops in good weather may indeed be beneficial. However, this will not hold true for more handicapped old people. When we examined the location of meals on wheels recipients with considerable problems of self-care, we found that fewer than two in three lived within eight minutes' walk of their nearest shops. Access problems of this kind can only further inhibit them in the business of successfully coping with problems of day-to-day living.

House location: distance to nearest bus stop

A similar pattern emerges in terms of access to transport. For a third of recipients the nearest bus stop is estimated to be within a few minutes' walk. However, for at least a fifth of meals on wheels recipients living alone it is over eight minutes' walk away, while for the most severely handicapped group, this proportion increases to a quarter.

Meals on wheels recipients' assessments of their ability to reach the shops in winter

The meals on wheels recipient survey included questions not only on location but on personal accessibility. Clearly it is unwise to equate distance with accessibility. Even a two-minute walk may be beyond the capacity of some meals on wheels recipients,

particularly in hazardous winter conditions. Thus, although a third of the old people in the sample live within a short distance of at least one shop, half of the total population say that access to any shop is limited during the winter months. Towndwellers have as much difficulty as those living in more rural areas, perhaps rather more. But then they experience more difficulties in terms of self-care.

Although external conditions will undoubtedly affect mobility during the winter months, personal physical capacity is also significant. Access is clearly related to age and sex characteristics. Men of all age groups are not only less ready to acknowledge limited mobility but also declare themselves to be less restricted in getting out to the shops.

Meals on wheels recipients' ability to cook

Physical competence too will influence the ease with which recipients function. Mobility is clearly related to recipient's performance in terms of self-care. However, physical ability must be qualified by inherited sex-based cultural norms, one of which in our society is that cooking and domestic work are largely the prerogative of women. Recipients of both sexes who were unable to get out in winter were asked whether they could cook food brought in by other people. As might be expected, more women claim competence in this respect than do men.

Age, sex and reasons for requiring meals on wheels

Indeed, when respondents who claim winter mobility are asked why they have to have meals delivered, the most frequently quoted single reason given by men is that it "saves me cooking". For women it is past or current ill-health. These are both, of course, culturally acceptable if not culturally determined replies and may well bear little relationship to the actualities of the individual situation.

Responsibility for meals apart from those provided by the meals services

A substantial minority of meals on wheels service recipients are not mobile throughout the year and may not be able to provide cooked meals for themselves even if food shopping were to be done by others. The question then arises of how recipients manage to acquire meals on those days when a meal is not delivered or a club is not open. Who is responsible for meals provision on days when the meals services do not operate?

Sex, marital status and responsibility for meal preparation at home

Most respondents of either sex will say that they themselves are responsible for the preparation of most of the meals they have at home, apart from those delivered by meals on wheels service or provided by the clubs. One exception is to be found among meals on wheels recipients where almost half of the married men are

provided for by their wives and a further fifth by relatives or the Home Help Service. The other outstanding exception occurs among male lunch club recipients for 47 (60 per cent) of the sample of seventy-nine say that they have no main meals during the week apart from those eaten at the club.

General health and responsibility for meal preparation at home

Among meals on wheels respondents who say that they have problems in coping, over half prepare most of the meals they have at home themselves. Even respondents with considerable problems are four times as likely to prepare meals for themselves as have them prepared for them by a home help. Among lunch club recipients the same kind of picture emerges. Half of those who say they have considerable problems in coping also say that they have to prepare any meals eaten at home for themselves, twice the proportion who have the assistance of a home help.

Recipients' means of managing on non-provision days

When recipients are asked who prepares most of the meals consumed at home, most assume responsibility themselves. However, this picture should be qualified by replies to another similar question about how they manage about food on days when meals on wheels are not delivered or club meals are unavailable.

While it is apparent that most recipients do indeed fend for themselves, there is an almost equal division among meals on wheels recipients between those who claim to cook and those who say they 'make do'. This distribution is only age-related at the upper end of the scale and varies little between the sexes, although a slightly higher proportion of women claim to do without cooked meals than men. It is evident that few of the considerably handicapped group can or do provide themselves. While greater proportions of this group are catered for by family and statutory services, it is disturbing that four in ten find themselves in a situation in which they 'make do' on days when meals are not delivered.

The situation of club members who claim to have some or considerable problems of self-care is no better. Proportionally twice as many of the more handicapped 'make do' on non-club days as do those with no difficulties. The proportion of 'considerably' handicapped who have no hot meals other than those obtained at their club is the same as that found among meals on wheels recipients, that is to say, 40 per cent.

Finances

Another important feature affecting the quality of life of old people is money. There can be no question that poverty is a major problem among the aged.

There has been much debate about financial need among

elderly people and means of alleviation. Little evidence has been produced so far to refute the conclusion that the elderly constitute one of the least financially privileged groups in our society. Numerous studies have demonstrated the dependence of old people on the State (Ministry of Pensions and National Insurance, 1966; Townsend, P. and Wedderburn, D. 1965). Wedderburn's work clearly shows how heavy that dependence is. She calculates that the State provides the main source of income for seven old people in ten. The results of this survey are comparable with both hers and Hunt's (Hunt, A. 1970) and further underline the spartan nature of most old people's lives. In this study, as in others, State dependence is found to be sex related: women are more likely to be dependent on supplementary benefits, men are more likely to be in receipt of a work's pension, a pattern which replicates Hunt's findings. Overall, three-quarters of our recipients are totally or mainly reliant on State financing for their support, while for one in six the State pension is their sole source of income.

Expenditure on food

While details of per capita or unit income were not asked for, information was obtained about weekly food expenditure. So, although conclusions cannot be reached about the proportion of total income used for food, some indication can be given of the order of food expenditure to which most old people are, or believe they are, committed.

One of the problems facing most collectors of 'soft data' is its reliability. In this survey the problem could have been accentuated by the fact that not all old people are able or do completely control their financial outgoings. Therefore interviewers were asked to double-check the answers given to this question and to note any cases where there was doubt about accuracy of recall or where outside assistance was received in cash or kind. As a result of these instructions, information given by a fifth of meals on wheels and a third of club recipients was discarded. About a third of meals on wheels and a fifth of lunch club members claim to live on 30/- (£1.50 N.P) or less a week, while another third of each sample give a figure somewhere between 31/- (£1.55 N.P.) and 51/- (£2.55 N.P.) a week on food. (It should be remembered that the figures relate mainly to the latter part of 1968.)

Although some group totals are small, our figures suggest that weekly food expenditure in single person households is twice as likely to exceed £2 per head than among larger family units. Some of the very low-level spenders are subsidised by family or friends. Of the thirtytwo meals on wheels recipients who spend £1 or less on food, five are helped out by having gifts of groceries brought in by other people. In all, eleven of the 318 delivery respondents are supported in this way.

A dominant feature of old people's lives has to be frugality. A question of some importance for the general well-being of the

elderly then is how far minimal resources and frugal living affect adequate dietary intake. Certainly nutritional problems, while not as widespread as is sometimes assumed, are undeniably prevalent among the aged. As Felstein reports "geriatric units see cases of malnutrition not infrequently through the year" (Felstein, I. 1969).

Nutrition and deficiency supplements

The evaluation of nutritional adequacy of individual diets is very problematic. Estimates of requirements in relation to intake are not susceptible to easy or accurate measurements and vary markedly between individuals. It is not surprising that official recommendations about nutrient intakes fluctuate widely, since there is continuing debate about desirable levels and standards. As an Office of Health Economics report points out "..... if vitamin C intake in the United Kingdom is expressed as a percentage of United States standards it would indicate that the average for all households was 27 per cent below recommended allowances instead of 136 per cent above when rated against the BMA figures" (OHE, 1967).

The general public is perhaps more aware of problems associated with excess rather than deficiency. In 1967, 2.3 million prescriptions containing amphetamine were issued by general practitioners, a matter of an hundred million pills, 64 per cent of which were for the treatment of excessive weight

(OHE, 1969). Certainly, slimness has become popularly valued for reasons of appearance and health and sales of appetite-suppressant products are booming. On the other hand, while the vitamin pill industry offers regular advertising promotions, particularly during the winter months, more fundamental knowledge of nutritional need and deficiency is limited among the general public. While some schools may include nutrition as part of a domestic science or health and hygiene course, others do not. Certainly few old people will have received any education along these lines.

It is not surprising then that there are regular reports of unbalanced or deficient nutrition in this country and that they should occur most often among the least financially or educationally privileged, that is to say, among the aged, among immigrants and among large families. Meacher reports that in 1962 over 400,000 old people were thought to be suffering from anaemia (Meacher, M. op.cit.), while in 1965 over sixteen million prescriptions for vitamins, iron and other nutrients were provided by doctors (OHE, 1967).

Although no attempt was made to measure or record dietary intake among the meal service recipients, specific questions were asked about milk consumption and about recipients' views on the acceptability of food supplements such as eggs and vitamin tablets, bearing in mind the fact that the aged are a known at-risk deficiency group.

Osteoporosis with its associated problems of bone fractures has been attributed to lack of calcium and phosphorus in the diet. Eggs help prevent the onset of iron-deficiency anaemia and are rich in protein. The commonest vitamin deficiency of old age is lack of vitamin C which may be provided in tablet form if fresh fruit is unavailable.

Milk consumption

Milk constitutes an important source of protein and calcium. It is suggested that while calorific requirements decline with age and decreased activity, the reverse is true of proteins and other nutrients (King Edward's Hospital Fund, 1965⁽²⁾). One study has shown that for a selected group of old women, milk features as the most important source of calcium in their diets and the second most important source of protein (King Edward's Hospital Fund, 1965⁽¹⁾). Milk meets two important requirements of the elderly in that it is easily consumed and may be used in a wide variety of easily prepared dishes. However, its use is not as widespread and as intensive as it might be. The 1969 Household Food Consumption and Expenditure Survey found that 95 per cent of all British households had bought milk during their survey week, average personal consumption being a little under five pints per week. It may be that buying is as widespread but recipient consumption would not appear to reach national average levels. When asked

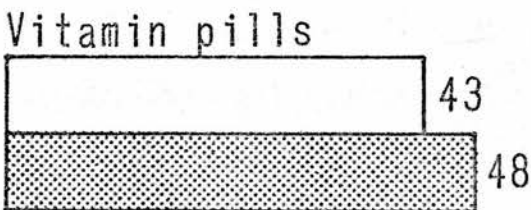
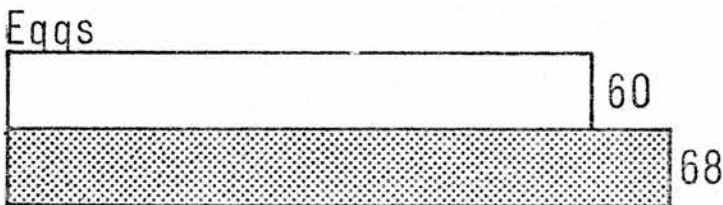
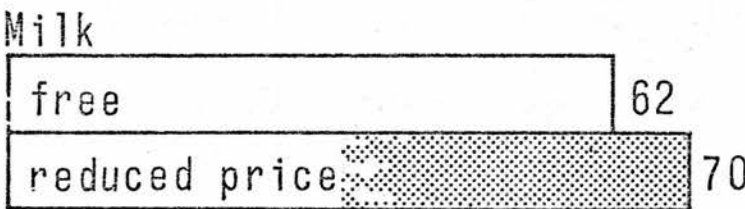
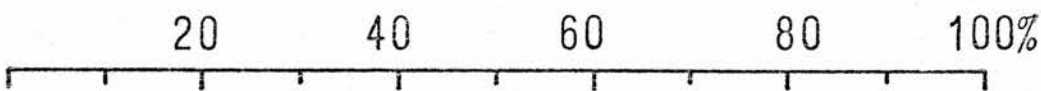
how much milk they had drunk on the preceding day, half of our sample said less than half a pint. A further one in eight said none at all. The non-consumers are twice as likely to be men than women and to be isolate rather than married. For those respondents reporting difficulties in self-care milk would seem to offer one of the more effortless forms of nutrition. However, even among those delivery recipients reporting considerable problems in caring for themselves, 12 per cent had drunk none on the day before they were interviewed. While non-drinkers are fairly uniformly distributed throughout town and country, the heaviest are rather more concentrated in the cities. In the course of the study, several meals on wheels recipients in the more rural areas drew attention to their inability to buy milk in quantities of less than a pint. Inquiries made locally substantiate their claims that half pint containers are not widely available in certain areas. Lack of small quantities of milk and of access to refrigeration facilities really appear to deter some old people from "wasting their money" on a "pinta" no matter what the Milk Marketing Board and dieticians may say.

Other food supplements

One way of ensuring that nutritious food is to hand in an old person's home is to deliver it to the door. Meals on Wheels are provided in this way very economically due to heavy dependence upon volunteers and the use of private transport. Could this

Fig. 9.2

Meals on wheels recipients:
wish for the delivery of free or
reduced price food supplements.



system be expanded to meet the special needs of the old and handicapped? As we have seen, the organisers themselves are dissentient on the subject. The respondents however, are not. When meals on wheels recipients are asked whether they would like to have milk, eggs and "vitamins" made available to them at reduced prices, the great majority say yes. Milk and eggs would be particularly welcomed (by 69 per cent), while half the sample would like to have vitamin pills (Figure 9.2).

A virtually identical range of opinion is obtained from lunch club members who were asked whether they would like milk, eggs and vitamin pills to be provided by their clubs.

This reaction suggests that at least one assumption about the elderly may be held to question. That is that many, implying most, old people would be unwilling to take advantage of a service of this kind because of their "independent natures". Seven in ten elderly people would welcome being given the chance to buy cheaper eggs or milk, although markedly fewer show enthusiasm for vitamin pills, possibly because of lack of familiarity with their use.

Nor do these results seem to justify the charge that many old people are out for all they can get, for when the supplements are offered free, the rejection rate is higher (Figure 9.2). This finding remains constant in all subgroups examined. At least seven in ten delivery recipients who have difficulty in

providing for themselves would like to have milk and eggs at reduced prices. This proportion remains constant among those who feel the need for more frequent meal delivery, among those who make one delivered meal last them for two days, and among those who do not get cooked meals apart from those which are delivered. The acceptance of supplementary foods is person rather than place-related. Acceptance rates decline with age and women are marginally more likely than men to be prepared to take advantage of such an offer.

CHAPTER 10

THE RECIPIENTS AND THEIR ATTITUDES TOWARDS MEALS SERVICES

We have already discussed the recipients in the context of their eligibility and need for meals in relation to demographic characteristics such as age, sex, marital status, and self-declared levels of competence for daily self-care, but much more requires to be said about the recipients and their attitudes towards the meals service itself. The consumer is perhaps too infrequently consulted in what is held by some to be a producer-oriented Welfare State. However, the comparatively recent upsurge of interest in services in commercial fields exemplified by the growth of consumer advisory services has had its parallel in areas which were previously regarded as sacrosanct to the professional workers who organised and controlled them. Thus there is now a small but growing acceptance of the role that consumer opinion may play in affecting policy decisions in service organisation and development in fields such as health, housing and other social services. Attitudes may still be paternal and economic stringencies determine quantitative provision, but in some areas at least there is concern about the kind of service that is offered and its acceptability to the consumer.

The elderly as consumers

This move has been encouraged, if not promoted, by particular local consumer groups pressing for the establishment or improvement

of particular services. However, the elderly themselves are not characteristically vocal and are far from militant. Associations, notably the National Old People's Welfare Committee, (now Age Concern), were and are very active in representing their interests by promoting research and supplying aid in the identification of special needs and deficiencies and, as we have seen, voluntary agencies such as the W.R.V.S., Red Cross and Salvation Army make a major contribution to the continuing welfare of the aged who represent however, only one of the wide variety of needy groups for whom they cater. The Old Age Pensioner activist is a very recent phenomenon in our society. There is no official agency whose remit includes regular evaluation of the needs of the elderly let alone of consumer opinion covering the wide variety of services for which they have needs either at a local or national level.

This survey attempted not only to take into account the producers' viewpoints but also the consumers, for any change in provision must be considered from both sides.

Before examining the attitudes of the recipients towards the meals services, it is perhaps appropriate to review briefly what it is they receive and how they come to receive it.

Means of hearing about the service

One of the criticisms made about community services for old

people is that they are not well publicised. Certainly whether they are aware of it or not, there is a heavy responsibility placed upon community service workers such as doctors, social workers, health visitors and others who may be in contact with old people, for informing them of the services which are available to them. What part do they play in informing old people of the meals services?

About one recipient in five becomes aware of the Meals on Wheels Service through a local doctor and the same proportion hears of it from a district nurse, health visitor or social worker. Friends and neighbours supply very nearly the same number with information. Clergymen, home helps, meals organisers and hospitals are comparatively insignificant sources of information, each being mentioned by fewer than three per cent of the respondents compared with the ten per cent who mention a family member.

The most frequently quoted source of information about lunch club facilities is a friend or neighbour. Friends and neighbours are named as informants by one in three club members. Otherwise, club conveners or senior citizens clubs feature prominently each being identified by a fifth of the sample. Some ten members (of a sample of 236) say that they heard about their lunch clubs through the local doctor, district nurse, health visitor, social worker or from a member of hospital staff. Altogether they constitute a less effective means of publicising the service than advertisements in local newspapers if the lunch club members are

to be believed. Indeed, there is no reason why they should not be for these are, as we have seen, a far fitter and more mobile group than their meals on wheels peers and could therefore be assumed to have less contact with these professional workers. Certainly, six respondents became club members on their own initiative, their interest having been stimulated by seeing their clubs being built.

Learning about the meals services then, tends to depend on the informal and, one suspects, erratic means of casual conversation. Having made an application for meals, what happens next?

Waiting lists

Sixtyeight per cent of Meals on Wheels recipients claim to have been given meals immediately on application while 101 (27 per cent) experienced waits of varied duration ranging from a week to more than six months. There seems to be little association between the social characteristics of the recipients and delayed access to the service. Of those who claim they had to wait, the great majority had problems of self-care and lived alone. Place rather than immediacy of personal need would seem to have more influence in determining rapid delivery. Applicants from the more rural areas are less likely to be put on waiting-lists than are their city peers whose chances of having to wait for six months or more for meals on wheels are three times higher than those of any other group.

Access to lunch clubs would seem to be much easier. Ninetyfour per cent of club members report that their application for membership was accepted immediately. Two per cent (5) report that their names were put on a waiting list while the remainder give a variety of reasons to explain the delay in actually attending their clubs, including one member who was not allowed membership until he had given up work. Of the nine members who report that they had to wait to join the club, most (4) say they waited for between one week and one month. Two say they waited for more than six months. As with meals on wheels recipients, the lunch club 'waiters' are in most respects very similar to the general population of clubs members in terms of their social characteristics. All were male, most were single, and most had 'some' difficulty in coping.

Duration of delivery

At the time of interview, nearly two-thirds of both meals samples had been recipients for a year or more, 5 per cent of the meals on wheels recipients and 3 per cent of club members having joined the schemes within two months of being interviewed. (As might be expected, age has some slight association with duration of delivery, the older members being rather longer established recipients.) Whatever opinions the recipients may hold, they would seem to be based on fairly extensive experience of the services.

What is that experience? Recipients were asked about various

aspects of their services, in particular about the food and the way in which it was delivered or served. Some of these opinions are reported below.

Delivery times

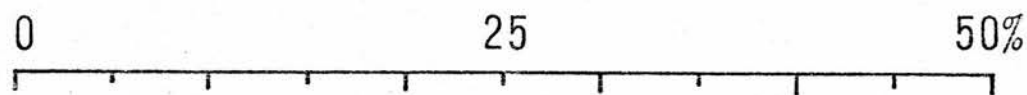
The modal time for meals delivery is between 12.00 and 12.30 when a third of meals on wheels recipients claim to receive their meals. However, 54 (14 per cent) recipients say that their food arrives between 11.30 a.m. and 25 (7 per cent) after 1.00 p.m. The delivery time in 47 cases varies so much that respondents are unable to select any representative half-hour unit.

The data provided by organisers supports this view, in particular the extended nature of delivery times in the cities and urban areas. Recipients in the small urban-rural districts are twice as likely to receive their meals between 12 and 1.00 p.m. as recipients in larger urban areas. Some explanation for this pattern of delivery in organisational terms has been given by the organisers, but what do the recipients themselves think about it? When asked whether the timing of the meals delivery is the best for them or whether they would prefer to receive their meals earlier or later than they usually do, 91 per cent express satisfaction and only 31 (8 per cent) would like a change of time. Of those who express some dissatisfaction, the slight majority would like later rather than earlier deliveries, and not surprisingly these are mainly concentrated in the groups who receive their meals between 11.00

and 12.00. All would seem to be well then as far as delivery times are concerned. It has been suggested that the recipients really prefer the early deliveries because so many sleep badly, rise early and consequently are ready for lunch by 11.30 a.m. One test of this assertion is the time of consumption. If the meals are arriving at the 'best' time for recipients, then they will be eaten more or less immediately. In 73 per cent of cases this actually happens, but one in ten recipients leave the meal for half an hour or more before eating it. It would be naive to assume that delivery times are the sole explanatory factor for delayed consumption. Food warmth is undoubtedly another, for a fifth of the respondents report that the food is not always hot enough to eat immediately on delivery and requires reheating. Deliveries before 12.00 and after 12.30 seem particularly liable to complaint, presumably because hotlocks may not warm up sufficiently for the early deliveries and have lost warmth towards the end of the round. The practice of reheating food in general is not to be recommended, but when the people concerned are aged and handicapped, it is even less desirable. Here perhaps is one area where improvement is both practicable and possible. Given adequate equipment - and few organisers complain on this score - it should be possible to deliver hot meals at an acceptable temperature. The question of adapting delivery times to personal eating habits is much more difficult to resolve. The difference between recipients' verbal expression of satisfaction with delivery times and their practices is very apparent. While all recipients whose meals arrive before 11.00 a.m. declare that it is the best time

Fig. 10.1

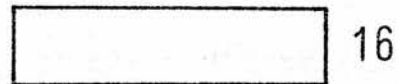
Lunch club members:
frequency of attendance,



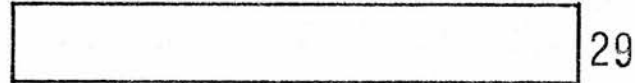
Less than once a week



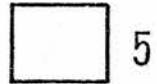
About once a week



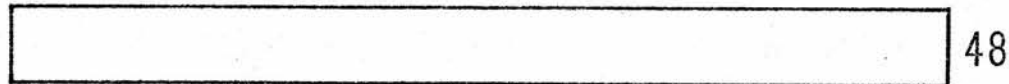
About twice a week



About three times a week



More than three times a week



for them, all delay eating it for a half hour or more. The occasions when the number of 'best time' recipients nearly equates the virtually immediate consumption tend to concentrate at the later delivery times. This gives some cause for doubt about the high levels of recipient satisfaction with early deliveries.

Lunch clubs: transport; frequency of attendance;
meal times; facilities.

The lunch club recipient of course, has to go to the meal. He, or she, is most likely to walk to the club - seven in ten recipients do so while a further fifth use public transport. The majority of the remaining ten per cent of the sample travel in transport arranged by their clubs. Most recipients (60 per cent) go to their clubs by themselves, a third are accompanied by a friend or spouse, and one member reports being accompanied by his/her home help! As can be seen in Figure 10.1, recipients are fairly equally divided between those who go along four or more times a week, and those who attend once or twice. The great majority (94 per cent) say that they have a meal every time they go to the club, and most (63 per cent) say that they wait for fewer than five minutes for the meal (a tenth however, report waiting for periods of more than ten minutes). Since 85 of the 90 clubs in the survey provide table rather than self-service meals, a wait of some kind seems inevitable. Certainly the overwhelming majority of organisers deny that there is any delay

in getting meals to the tables and only one organiser in the entire group expresses any dissatisfaction with the speed of service. (Three, however, admit that club members are less happy with the service and say that they have received complaints.) Of course, the meal is not the sole object of membership for some. We asked members whether they would still go along to their clubs if it didn't serve meals. Over half of the members say that they would. When members are asked what they like about their clubs, apart from the meals, eight in ten say 'the company', or 'my friends there'; a further one in ten say 'meeting the staff'; the same proportion (1:10) point to social evenings, concerts and talks and to other kinds of entertainment such as cards or bingo. One in five members appreciate the fact that club attendance 'gets them out' when they might not otherwise bother. A small number (3) are pleased with the saving they make on gas and electricity bills at home.

Certainly most club members (76 per cent) claim to have struck up friendships at the lunch club which otherwise might not have come their way. Half of this group say that they regularly meet these contacts outside club hours. Only a very small minority (5 per cent) say that their social contacts have not been extended by attending the club, while another 2 per cent say cautiously perhaps, that they would describe such contacts as they have made as being 'acquaintances' rather than friends. One member only seemed to stand outside the group and this was a nurse still in full-time employment who clearly disassociated

herself from her fellow members, explaining her attendance as being 'more of a social obligation than anything else'.

Apart from the food then, the strongest motivation for club attendance for practically all club members is social contact. Indeed the meals take second place if the views of club members are accepted. When asked what features they like best about going to the club, a quarter of the recipients affirm 'the food', but over two-thirds say 'the company' or 'friends'. The social support provided for each other by club members is undeniably necessary. Thirteen per cent of members are single; a further 17 per cent of those who have been married have no children; among the remaining married members who have children (70 per cent of the sample) a tenth never see them, largely because the children live abroad (or in England) or are dead. Overall four in ten club members claim to see their children on a weekly or more frequent basis. On the other hand, one member in three has no visitors coming in regularly at all. Apart from social contact, no other feature is quoted by more than a tenth of club members, and while 6 per cent declare they like 'everything' about going to the club, 2 per cent say rather more laconically that there is 'nothing special' about the club they attend.

It should be remembered that two-thirds of lunch clubs provide lunch only, the most common 'other' facility being a television or radio. It is perhaps not surprising then that a

Fig. 10.2

Lunch club facilities:
proportions of respondents wishing to have
more club facilities.

Facility:	Number	%
Bingo	17	7
Music	48	20
Talks	47	20
Handicraft facilities	37	16
Workshop facilities	22	9
Other (facilities suggested by members)	8	3
No other social facilities	102	43

(Total number of respondents=236
Replies exceed 100% due to multiple
responses.)

substantial minority of club members (25 per cent) say that they would like to have more social activities available in their clubs. The social function of the clubs is undoubtedly difficult to over-emphasise. This function need not be dependent on physical environment or facilities. Indeed, if this were the case, social function could hardly exist at all in the lunch club situation as it is in Scotland, for a tenth of the members meet in hotels, cafes or restaurants, and a further 40 per cent gather in church halls or similar premises. Fewer than half of the members belong to clubs which operate in custom built premises or in community centres which can provide the opportunity to pursue interests other than food and conversation.

Of course, like the elderly in general, the old people in this sample, when questioned, tend not to voice anything other than satisfaction with the status quo. When club members are asked for suggestions to improve their clubs, 85 per cent can think of nothing. However, when presented with a series of possible activities which might be pursued on club premises, the proportion of members giving negative replies is halved. Respondent replies to this question are summarised in Figure 10.2

The most popular activities specified by club members are music (most respondents say they enjoy a good 'sing-song') and talks, closely followed by the provision of handicraft sessions. One in ten members would welcome the chance of having workshop facilities - benches, tools and so on - made available to them.

A small number of members (8) made suggestions themselves: six would like to have more general entertainments arranged such as concert parties and participatory activities such as dramatics or a choir; one would like to have keep fit classes held at the club and another - different and female - member when asked what she would like, simply replied 'men'.

Although the majority of recipients belonged to clubs where lunch was the only facility provided, it was considered important to discover what kind of activities or facilities were available to the remaining minority, and in particular to ask the 'have-nots' about the desirability of making more facilities available on their own club premises. The results of these questions are shown in Table 10.1 in which it should be noted that percentages are calculated on the total sample number. The facilities listed range widely from those which entertain in some way (television, games, library and reading room) to those which serve the outer and inner man (snack counter, bar, shop, chiropody, hairdressing, bath or laundry).

As the data show, the facilities which are most widely available to club members are games of some kind and reading material. (This result accords with the information given by lunch club organisers.) The least widely available of the services itemised are hairdressing, laundry and snack counter facilities - a result which is also generally supported by the

Fig. 10.3

Lunch club facilities:Proportions of members making use of, or wishing to have certain facilities.

Facility:	Making use of-		Wishing to have-	
	%	rank position	%	rank position
Shop or counter	74	1	34	5
Games	73	2	41	2
Chiropody	60	3	40	3
Snack counter	58	4	32	8
Lounge, reading reading room	44	5	36	4
Library	43	6	34	5
Laundry	41	7	26	9
Baths	30	8	23	10
Hairdressing	27	9	46	1
Television	25	10	33	7
Bar	20	11	11	11

Bases for calculations:

- 1) Simple % of people using each facility as a proportion of people to whom each facility is available. The latter figure varies from facility to facility.
- 2) Simple % of people wishing for each facility as a proportion of people without it.

organisers. One interesting difference between the two sets of data concerns television and radio. They are the most frequently mentioned facility - after the lunch itself - of the lunch clubs. Organisers are twice as likely to say that their clubs have them than any other facility. For recipients however, they occupy an intermediate position. Recall of facilities may be associated with use, for as the table demonstrates, television is one of the least used of all facilities provided, and certainly not high on the list of facilities which the 'have-nots' would like to acquire.

Table 10.1 raises all kinds of questions relating to the provision of services and facilities and customer reaction to them. While people may vote with their feet, so club members vote by their use of the facilities provided. It may be that television is thought by club organisers to be a necessary club facility. It may equally well be that it is also relatively cheap and easily acquired. However, the old axiom of the horse and water is singularly appropriate here for it is, if we calculate actual use, among the least used of all club facilities, although, on the organisers evidence, it is the most widely provided. Figure 10.3 shows a ranking of facilities on the basis of actual usage and of the wish for services among those not currently receiving them.

It is apparent that the two most intensively used club facilities are the club shop (which often supplies not only sweets and tobacco but also more fundamental food items, e.g. Bengers,

Ovaltine, Horlicks, Bovril, Marmite and other similar items) and club-games - the most popular social activity. The next most used service is chiropody which perhaps is not surprising in the light of the known deficiencies in service provision.

The desirability of these facilities for those who do not have them shows a rather different pattern. Top of the 'wanted' list is access to hairdressing facilities. One in two club members who attend clubs which do not hold hairdressing sessions would like to have them, although as we have seen, they rank ninth out of eleven in terms of usage (hairdressing is not commonly provided. It is reported as a facility by only 10 per cent of club members so presumably the low usage rate could be influenced by the adverse experience of a comparatively few people).

Elsewhere there seems to be a closer association between what old people say they want and what they actually use given the chance. Certainly games and chiropody are both regarded as being necessary and are also heavily used, ranking respectively second and third on each count. The middle ranking facilities show a certain commonality apart from the snack counter which, ranking fourth in usage, is obviously popular but is only considered desirable by a third of those members currently without it. There is a complete consensus about the provision of facilities for social drinking. A bar is least wanted or used when it is provided.

It does seem evident then that there is some value in

consulting the users of services about the kind of service which might be provided for them. Quite clearly the opinions of some club members are largely substantiated by the actions of others. There would certainly seem to be grounds for asking members what kind of facilities they would like. Indeed, some might say that members should not only operate in a consultant capacity but in an executive.

There is then a fair range of opinion concerning clubs and their facilities. What about the food itself? How satisfactory is that to the recipients of both services?

The questions put to recipients covered a variety of aspects. They were asked about menu variation, whether they generally liked the food and whether or not they had any suggestions for change. Some of the results are reported below.

Menu variation

Most recipients of both services report that menus are changed quite frequently although for between one in three or four they remain the same from week to week. Meals on wheels recipients report that variation is more likely to be found in rural or small urban area services, although among lunch club members precisely the opposite reaction is obtained. Certainly half of the club members who have infrequently changed menus would welcome greater variety.

Meals on Wheels recipients' reactions to food warmth and type

(a) Warmth

Areal differences in reactions to food warmth have already been described. The most striking but explainable feature is the increased likelihood of receiving an inadequately heated meal if one is a city recipient.

(b) The food

In addition to specific questions about food warmth and menu variation, meals on wheels respondents were asked whether they generally liked the food and if not what kind of changes they would like to see implemented. A large majority (81 per cent) react favourably towards the food they receive, most of the remainder being hesitant about committing themselves to positively critical attitudes but rather tending towards non-committal declarations of uncertainty. This is particularly true of the female respondents, one in five of whom are ambivalent in this respect. The most frequent expressions of dislike or doubt come from married men whose wives probably still provide some meals with which the meals service food can be compared. Although dislike or uncertainty about the food among women approximates to or exceeds that found among men in all age groups except the under-60s, the excess is particularly marked among the over-75s. Perhaps surprising in the light of previous discussion is the comparatively high level of favourable reaction from city recipients and unfavourable comment from the most rural areas.

(c) Suggested improvements

Most of the adverse comments are concerned with the type of food provided and the way in which it is cooked. Of the seventy

people who express something less than total enthusiasm for the meals, twentysix mention that they dislike particular foods which appear regularly, twenty mention lack of cooking expertise, while a further eight say that the food is tough and difficult to chew or eat. For nine people, quantities of certain items - in particular potato - are too large, although for fifteen the size of helpings of some foods is said to be inadequate.

Lunch Club recipients' reactions to food

Lunch club recipients generally approve of the food they receive, some two in ten being hesitant or non-committal. There is little difference in terms of area - approval and disapproval seem equally distributed across town and country. Gender differences are not apparent either. However, it is again married men more than any other group who are most likely to be critical of food standards, followed closely by women living with their husbands. (The numbers again are small.)

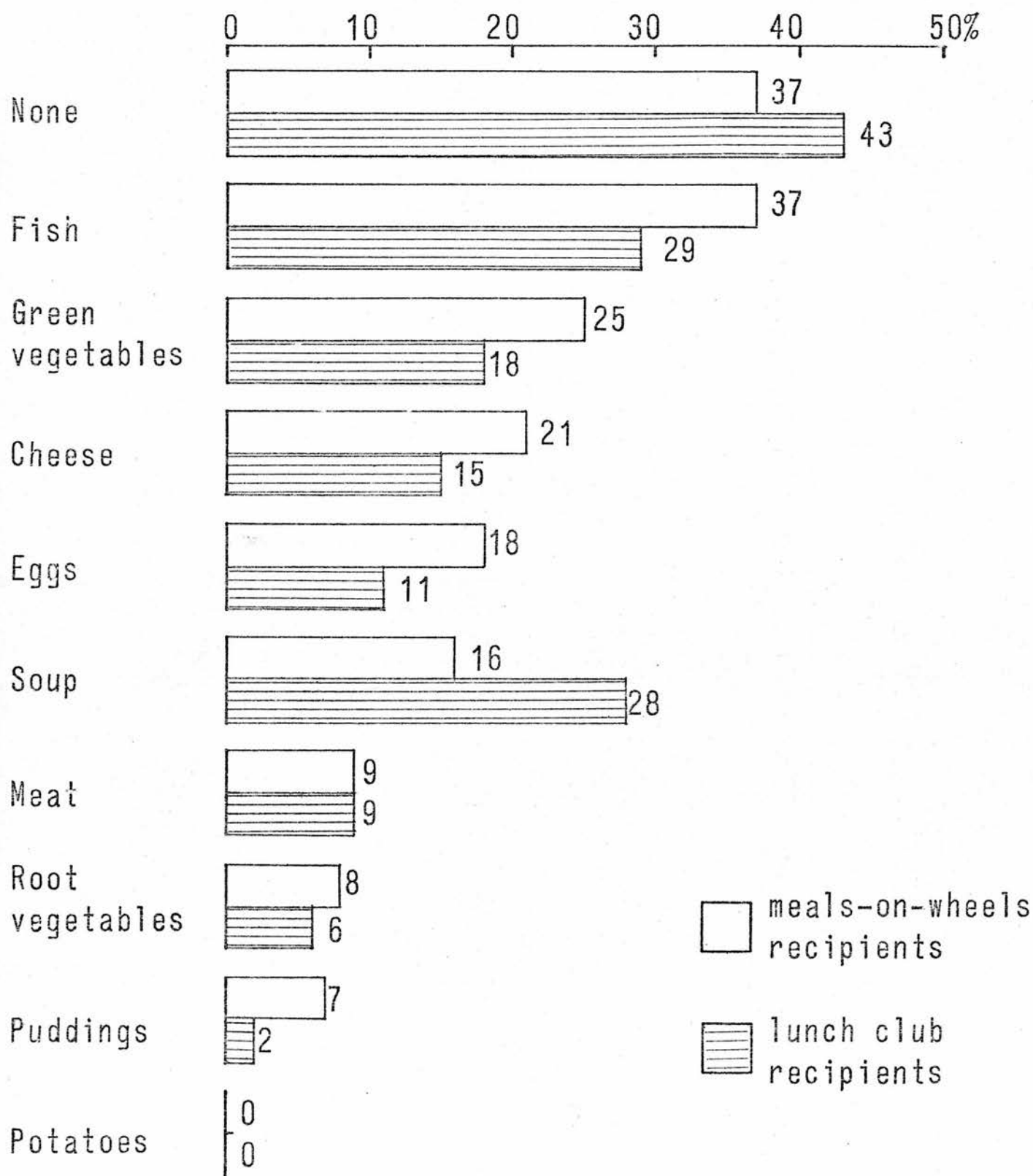
Foods recipients of both services would like to have served more often

All respondents were presented with a list of certain foods, some of which we suspected were staple items and others which we felt might not appear frequently, if at all, and they were asked to identify those items they would like to see served more often and those they would like to have in greater quantities.

At least a third of the recipients of both services have no

Fig. 10.4

Food items recipients would like to have, or to have more often.



wish to have any of the foods listed more often than they do already. However, the remainder did express the wish to have more frequent provision of some foods and the distribution of this opinion is shown in figure 10.4. Meals on wheels recipients are rather less reluctant to offer an opinion on the subject and as can be seen, they say that they would like to have or would like to have more often all the foods on the list apart from soup. Proportionally twice as many lunch club members as meals on wheels recipients would like to have soup provided more frequently. (Most of this demand comes from city clubs.) Otherwise recipients preferences turn towards the more frequent appearance of fish, green vegetables and cheese dishes on service menus.

The recipients then reinforce our own and organisers' feelings about the kind of meals supplied. What demand there may be for minces, potatoes and heavier puddings is clearly being met. Consumer demand lies in the direction of fish, green vegetables, cheese and eggs - items which feature infrequently on service menus at the moment.

Foods recipients would like to have in greater quantities

The great majority of respondents receive sufficiently large meals to satisfy them. In both services the proportion of recipients saying that they would not like to have larger portions of any of the items listed is eight in ten. Among the group who

Fig. 10.5

Foods recipients would like to have occasionally.

	Recipients:	
	Meals on wheels	Lunch club
	Number	Number
Fish	27	4
Steak or other meat	18	19
Soup	11	8
Tripe	10	2
Liver,kidney	9	1
Milk pudding	8	1
Cake,steamed pudding	4	1
Chicken	2	2
Other (sausage etc.)	25	16

Number of
respondents

90

49

(Some respondents gave more than one answer)

would like to have larger quantities served, most opt for increased portions of meat and green vegetables.

Other foods recipients would like to have sometimes

In addition to check listed foods recipients were also asked to suggest particular foods they would like to have sometimes. Three-quarters of both samples have no suggestions to offer, but a minority do. The range of foods is shown in figure 10.5.

Although in general city recipients are slightly readier to offer suggestions, perhaps the most interesting feature of Meals on Wheels respondents' opinion is the comparatively high number of rural recipients who would like to have soup occasionally. During the course of the survey, it was suggested by some organisers that country people are traditionally soup eaters and that it is the one item they miss most in those areas where it is not regularly served. The meals on wheels recipients themselves would seem to support this view. On the other hand, it is lunch club members in the cities - particularly in the north - who opt for the more frequent inclusion of soup on their menus. Overall, of course, respondents place most emphasis on the provision of protein rich foods like meat and fish rather than on carbohydrates, exemplified by sweet puddings.

The recipients of both services then have some suggestions to make which would improve the services from their point of view.

Fig. 10.6

Meals on wheels:

Persons to whom recipients would address complaints.

	$\frac{\sigma}{\%}$
No-one (i.e. would not complain)	10
Unsure; 'don't know'	22
Delivery helper	29
Organiser	12
Social worker	6
V.O. 'headquarters'	5
Family member	3
Doctor	3
District nurse	2
V.O. 'secretary'	1
Other	8

The tenor of the comments they make is even and equable.

Does this change when the question of complaints is raised?

Complaints

Before dealing with the question of complaints that recipients claim to have made, it is pertinent to discuss what knowledge recipients have of the avenues open to them should they wish to pursue a complaint. The hypothetical question, "If you wanted to complain about something..... who would you approach? was put to meals on wheels recipients. Their answers are shown in Figure 10.6.

A salient feature of these results is the fact that nearly a quarter of recipients have no idea whom they should approach with complaints. One in three recipients say that they would have a word with the delivery helper (who may or may not pass on the information). Overall, six recipients in ten declare that they would either not complain under any circumstances, or would not know who to complain to, or else would only speak to a delivery helper.

Lunch club recipients, answering the same questions, are much surer of the avenues they would use if they wished to complain. Only one member in ten is uncertain about how he or she would go about registering a complaint. Lunch club recipients are less isolated than meals on wheels respondents in that they

Fig. 10.7

Lunch clubs:

Persons to whom recipients would address complaints.

No-one (i.e. would not complain)	$\frac{\%}{3}$
Unsure;no-one in particular	10
Superintendent,warden, club convenor or organiser	59
Club secretary,treasurer or deputy warden	4
Food assistant (helper,waiter etc.)	10
Hotel manager,cook,caterer	4
Welfare officer	4
Other (V.O. headquarters,committee member,councillor,driver)	6
	<u>100</u>

have more regular contact with their club organisers. It is to her or him, of course, that most complaints would be directed. (See Figure 10.7.)

Recipients who have complained about the service: causes and action

Only twentyeight (9 per cent) of the 383 recipients have ever complained about anything to do with the Meals on Wheels Service. The most frequent causes of dissatisfaction are concerned with the type of food provided (10) and the fact that it is delivered cold (6). Most recipients (18) spoke to a delivery helper although four approached the local Meals Organiser and one complained to the District Nurse.

Only half of the group say that any effective action was taken over their complaints and so it is not surprising to find that only half of the recipients express satisfaction with the complaints procedure on the basis of their own personal experience.

Complaints among lunch club members are even fewer. Some seven (3 per cent) of the 236 members interviewed report having complained about some aspect of club service. Again most of the complaints concern food - the size of the portions served (1), the fact that it was poorly cooked (1) or cold (2), or that particular foods did not appear when expected (2). Two complaints at least concerned more general amenities and two cases specifically referred to dirty lavatories. Lunch club members, like meals on

wheels recipients, generally address their complaints to those people with whom they are more immediately associated rather than speak to club organisers. Thus, food assistants or helpers, waiters or cleaners rather than senior staff are more often approached. In the circumstances it is hardly surprising that only three of the seven lunch club complainants feel that their comments generated any action. Three others report that nothing or very little was done about their complaints, but what is perhaps even more disturbing is the fact that the remaining member says he was asked not to return to the club as a result of making the complaint. Needless to say, fewer than half of lunch club 'complainers' say that they are satisfied with the outcome of their complaints.

However, in general, high levels of satisfaction are obtained from lunch club members in terms of both food and accommodation.

Most (95 per cent) are satisfied with the time meals are served and say that they have enough time to spend over their meals (96 per cent). Complaints about hurried meals largely occur in the seaside resorts on the west coast where voucher scheme members, eating in local hotels and cafes, are expected to eat meals with or before tourists and experience some pressure to vacate their tables for other members of the general public. Ninety-one per cent of club members say they are 'completely' satisfied with the way meals are served, the major causes for dissatisfaction being cold food and slow service. Club

accommodation is almost unanimously praised: 98 per cent say that there is enough room; 95 per cent that it is well-heated; 98 per cent that it is well furnished; 96 per cent that it is well ventilated, and 99.6 per cent that it is clean. It is really the food itself which is subject to most adverse comment. Some thirtysix (16 per cent) club members are 'uncertain' whether they generally like club food: two comment that 'it varies a lot', while another two say that 'it's good value for what you pay, but...'.

The most common complaints levelled against the food is that it is poorly cooked or not warm enough. No-one finds the meals too large although eight members think them too small.

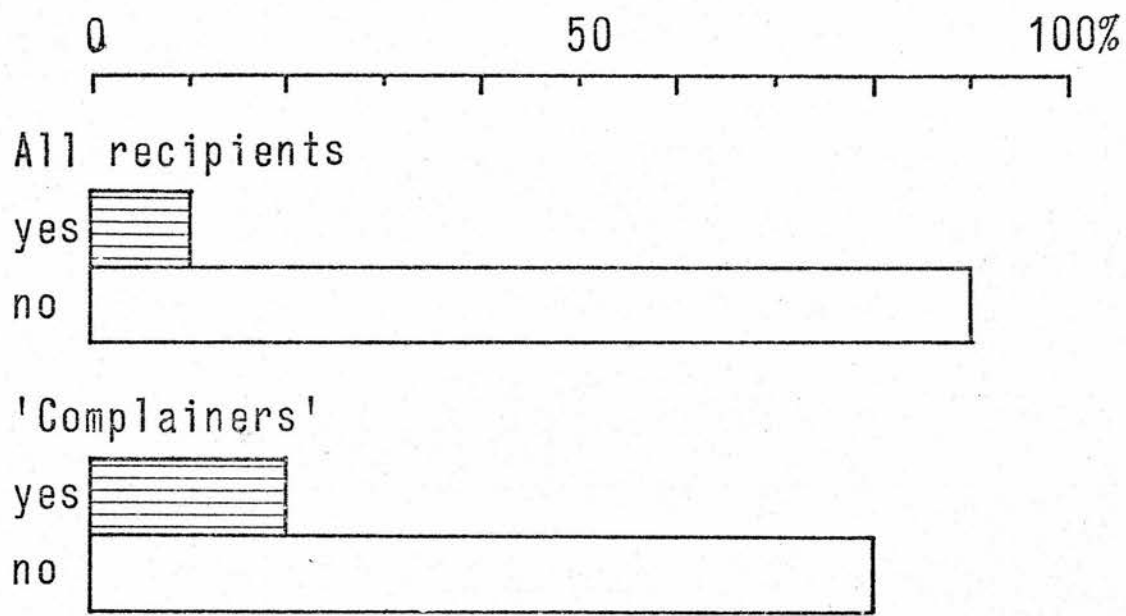
Adverse comments are seldom acrimonious and often constructive. One late eighties widower says of the food "It's a bit rough and ready at times, not well cooked - the mince can have bones in it, big beans (butter or broad beans?) and apples are half-cooked - the result, I have heartburn all day after. Some days it's nice enough but not very often. I would like a wee bit of fish now and again - never had fish this long whiles - for about one to one and a half years now." In one Midlothian club a recipient reports that the "soup is like water; macaroni cheese is very poor; (there's) too much watery custard" and that "lots (of recipients) don't like corned beef." Certainly cold meals seem to attract criticism. A Dundee club member doesn't "like the cold salad they serve in winter - it's too cold for many old folk".

He continues "I don't like the pink lint (a colloquialism for spam), and the cheese flan gets under your plate. The staff dish out the food in a hurry and the portions vary in size. Sometimes one gets three times the amount the others get." Variations in the meal size are not always due to hurried staff. Edinburgh club members report lunches consisting of "... a boiled egg and a potato with white sauce over it" while another member rather plaintively comments "one slice of corned beef is not enough". Some unpopular dishes seem to have become almost legendary even outside the clubs in which they are served. One such is "fish powder". Served in a well-known Dundee club where a member says they "dress all the food up - all these cheese flans are no good or that potato powder"; the potato powder is graphically described by a fellow member as "an awful egg and fish powder on Fridays". It may be that the dish is intended to be fish chowder but it is undoubtedly unpopular among club members. It is in this club too that the 'pink lint' is served, and of its food another widower says "the food is lacking protein value, (its) filling but not very appetising and probably doesn't do you very much good." This club however, does have a very active and apparently successful social life to offer its members.

There is then, as one might expect, some consumer unease about the quality of both services, although it is only slightly marked. Is it sufficient to make recipients reject the services? Or are these services for which there is more recipient demand?

Fig. 10.8

Meals on wheels recipients:
proportions who have considered giving
up meals on wheels.



Meals on Wheels recipients were asked whether or not they had ever considered giving up the service.

Giving up Meals on Wheels

About one recipient in ten has considered giving up meals on wheels although, among members who feel they have been given some cause for complaint, this proportion is doubled (see Figure 10.8).

The wish for more meals

While only a very small minority of meals on wheels recipients confirm that they have entertained thoughts of dropping out of the service, the majority (54 per cent) would like to participate more frequently.

While proportionally rather more men than women would like an increase in the number of meals delivered, the difference is slight. So too are age differences. Few areal differences exist either but some association is found between handicap and the wish for more meals. The rejection rate among the mobile members is much higher than among those recipients who have considerable problems in coping. This further substantiates a previous reference to the discriminating and undemanding nature of the elderly, in particular in terms of perception of their own need. Further reference to this aspect of the study will be made in the following chapter.

About half (48 per cent) of club members too would like to go to their clubs more frequently than they do. Of the 113 who express this wish, 104 say that they do not do so because the club is closed or because meals are not provided on any other days. The preference of lunch club members is not necessarily for longer hours but for the clubs to open on more days during the week. A third of all lunch club members wish that the clubs were open on more week days. As with meals on wheels recipients, the wish for more club days is not sex or age related and is only marginally associated with physical disability, for few lunch club members claim to have 'considerable' handicap and most of these do not want to go to their clubs more often.

Both lunch club and meals on wheels services would need to undertake considerable expansion in order to meet the demands of present consumers. However, demand does not automatically reflect need for meals. What other criteria can be used to qualify the context of demand?

Making one meal last for two days / two meals

Subjective value judgements about need among groups such as old people are particularly easy to make. The equation that 'old people = need' has recently become rather fashionable. There is no doubt that more subtle and scientific tools are required to enable more accurate measurement of need and its relationship with provision and social planning generally. But the demand

for this kind of social survey enterprise is relatively recent, originating as it does as a by-product of the evolution of national social policy and its implementation at local levels. Recognition of individual need could be made easier by identification of its components. Unfortunately there seems to be little general discussion or agreement on means of recognition or on determinants of need. If the need for agreement or discussion is itself not recognised, the result - unduly differing standards of welfare provision throughout the country - is to be expected.

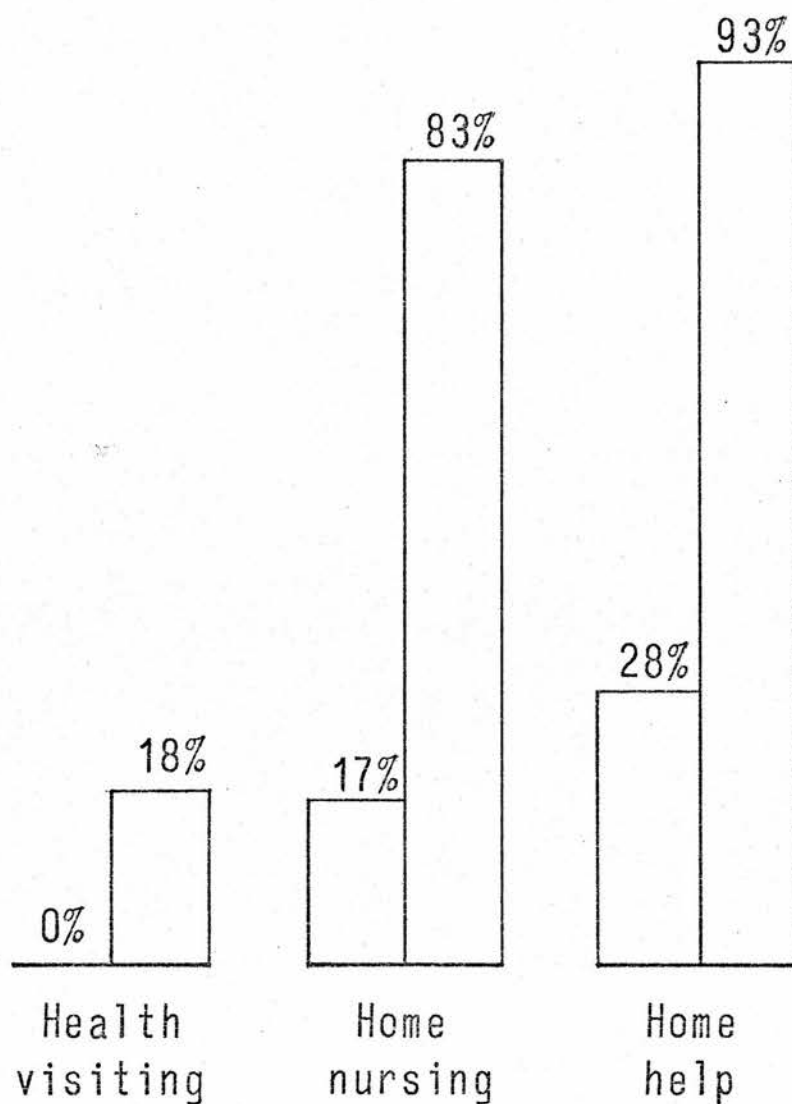
In an effort to avoid dealing with 'need' on a totally subjective basis, a question of practice was introduced which it was hoped would illustrate the problem in a more objective way. Meals on wheels recipients were asked if they ever made a meal, which was delivered on one day, either last for two meals or for two days. Some four recipients in ten claim to do this. Those who do tend to be in the upper age groups and are twice as likely to be female as male. They are much more likely to be isolate and least likely of all to be living with a spouse. The practice is much more widespread in the cities and would also seem to be associated with house location: over half of the recipients at the second floor or above in tenements claim this practice, although it does not appear to be associated with winter mobility. Perhaps the most interesting finding of all is the fact that a third of the people who make-do in this way currently receive home help assistance.

Fig. 10.9

Scotland. 1965.

The elderly as a percentage of total cases for 3 domiciliary services in 55 Local Authorities.

(Lowest and highest proportions for each service)



Source; Derived from Sumner and Smith, 'Planning Local Authority Services for the Elderly', 1969, table 20, p.93.

The Home Help Service

There is considerable evidence available now to support the view that domiciliary service provision of most kinds varies in quality and extent both within Scotland and between it and other parts of the United Kingdom. Sumner and Smith (1969) point out that the caseload represented by old people in the Health Visiting, Home Nursing and Home Help services is higher in England and Wales than in Scotland. They underline too the erratic nature of domiciliary provision in Scotland from their study of fifty-five Scottish Health Authorities (Figure 10.9).

Harris (1968), among others, reports that home help service provision is not directly related to the relative number of elderly in the population. Nor does it have any association with individual need measured in terms of being housebound, bedfast, or isolate. "The existing differences in provision may be due not so much to variation in need as to the criteria adopted by the authorities for supplying a home help, or on the amount they are willing to spend" (Harris, A. 1968). The service an old person obtains depends too frequently on where he or she happens to live rather than on personal need.

A third of our meals on wheels sample recipients receive assistance from the Home Help Service and a further 8 per cent have had help in the past. The proportion of recipients who have never received assistance at any time is highest in the more rural areas, while women, particularly at the upper end of the age scale, are slightly more likely to be current recipients of help than are men.

The proportion of lunch club recipients who have had any contact with the home help service is, as one might expect in a fitter and more mobile population, rather lower. Some 16 per cent of club members have, or have had in the past, some help from the service. As with meals on wheels recipients, assistance seems to be more widespread among city respondents a quarter of whom have had a home help at some time. City members are at least twice as likely as anyone else to have received domiciliary support.

Handicap, of course, should constitute a basic reason for obtaining help. The suggestion has been made about the Home Help Service as well as the Meals on Wheels Service that not all its recipients exhibit "real" need. Our survey, however, provides some evidence to the contrary, although it must be remembered that data concerning this group of old people may not be representative of recipients of the Home Help Service in general, for Townsend and Wedderburn have estimated that of those receiving meals on wheels, home help and chiropody services, only 9.7 per cent are assisted by two services, the great majority receiving only one (Townsend, P. and Wedderburn, D. op.cit.,). Our results indicate that the more disabling the handicap, the greater the chances of receiving home help assistance. Among meals on wheels recipients denying daily difficulty of any kind, one in five has a home help. Among those who have considerable difficulty in coping, six in ten have the service of a home help.

The pattern found among lunch club recipients is very similar. Nine in ten of those who say that they have no difficulty in coping have never had contact with the home help service; 73 per cent of those who have some problems have had no contact while the proportion of those with considerable difficulty is the same as is found in the comparable group of meals on wheels recipients, viz 1:2.

Tasks performed by home helps

The reason for questioning our respondents about the home help service was to establish its role in the preparation and cooking of food. How well allocated are home help resources towards the domestic needs of old people - does the service accommodate itself to the individual circumstances of the elderly?

Our results support Hunt's conclusion that "The basic cleaning jobs (sweeping and washing floors) are both done for nearly all recipients" and that "washing is done for about one-third of elderly recipients". We also find that meal preparation by home helps is far less widespread than is generally supposed. Although two-thirds of meals on wheels recipients claim that their home helps will shop for them fewer than four in ten say that they receive help with the preparation and cooking of food. It may be of course, that there is no need for assistance with food, and that the efforts of the home helps are better devoted to general cleaning duties. Certainly, there is discrimination between individual recipients which seems to be related to clients' particular needs.

Thus, while nine-tenths of delivery recipients who say they have little or no difficulty in coping receive help with their general cleaning, only a third have their shopping done and fewer than a fifth have help with meal preparation and cooking. While there is no difference in the rate of general cleaning, the proportion aided with shopping, meal preparation and cooking is more than doubled in those groups who admit difficulty. It would seem then that most resources and effort are being devoted to the more handicapped respondents. However, the appropriateness of tasks performed by some home helps is open to question. Although some respondents are limited in their ability to get out and purchase foods, they are nevertheless still able to cook. When one examines the range of tasks performed by home helps in relation to their clients' ability to cook for themselves, we find that home helps are cooking for a substantial minority of recipients who could cook for themselves. On the other hand, fewer than half of recipients who are unable to cook for themselves have meals provided by their home helps.

Lunch club members were not asked whether they could cook for themselves but were questioned about the work done by their home helps. The picture which emerges is broadly similar to that found among the meals on wheels recipients. Of the thirty-eight people who have had home help assistance most (28) say that it took the form of general cleaning or shopping (20). One in three say that the home help does some cooking for them; conversely,

the same proportion say that their home helps did not involve themselves in food preparation in any way. Certainly the members falling into this latter group are all people with no (8) or some (5) problems of self-care. All eight club members who have considerable difficulty in looking after themselves and who have experience of the home help service, do (did) receive help with food. Seven report help with shopping, and five with both food preparation and cooking.

Perhaps the best summary of the role of the home help in the field of meals provision is to be found in Table 10.2. If meals on wheels recipients' statements about how they manage generally for meals on days when they are not delivered is examined in relation to home help service provision, one finds slightly more old people "making do" for meals among the group with home helps than among those without them. Although three recipients in ten reply affirmatively when asked if their home helps cook this clearly is not a regular pattern of behaviour, for the proportion ascribing home helps as a regular means of meal support is of the order of a fifth, a somewhat higher proportion than that found by Hunt (14.4 per cent).

These findings are virtually replicated among lunch club members (Table 10.3). Of the fourteen people who have home helps, six report that they do not have a proper meal on non-club days. Proportionally twice as many club members with home help assistance 'make do' for food on non-club days, as do those without home helps.

Hunt's contention that "there is evidence of considerable difficulty, particularly on the part of a substantial minority of elderly and chronic sick recipients, in doing some of the things which the home help never does for them, particularly preparing meals, washing, ironing," is clearly well-founded (Hunt, A. op.cit.,).

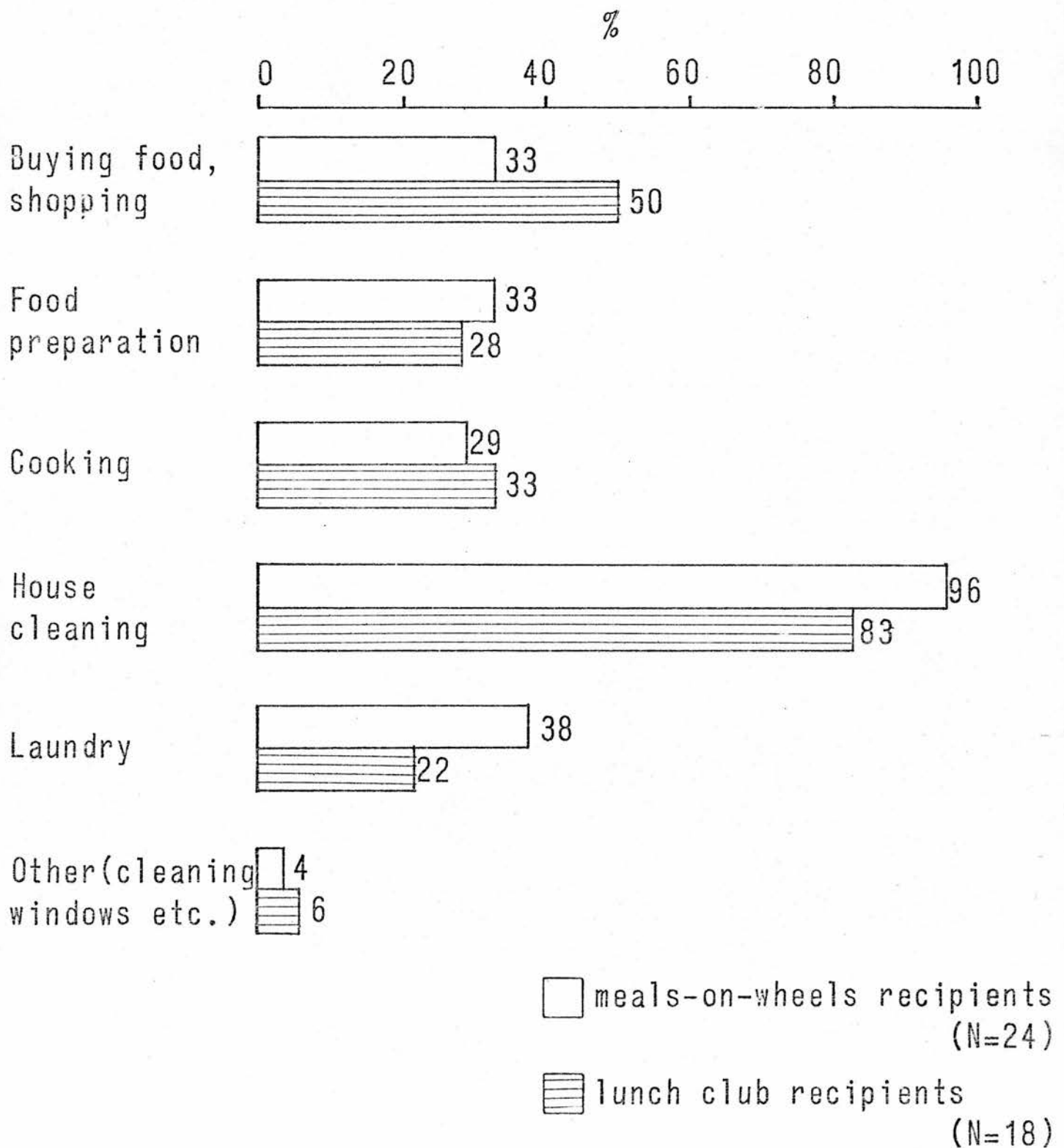
Home help organisers do say that the home helps work is planned not only with the welfare of the client in mind but also in conjunction with the client. Home helps may be asked to undertake a variety of duties by their clients and provided they fall within the permitted range, then the consumer has some choice. (It should be noted that while some home helps stick to the letter of the law, others go well beyond their official role and undertake all kinds of jobs which are difficult for the elderly or infirm.) Lack of consumer pressure may partially explain why home helps seem not to be as involved in the provision of meals as they might be. What do the clients want from the home help service? Respondents who had never received assistance from the service were asked whether a home help would assist them in any way and if so, how?

The wish for home help assistance

One in ten meals on wheels recipients say they would like to have the services of a home help, men being more likely to

Fig. 10.10

Ways in which meals service respondents think that home helps could assist them.



request assistance than women. The ways in which the twentyfour delivery and eighteen lunch club recipients believe that they could be assisted are shown in Figure 10.10. The need is overwhelmingly for help with house cleaning followed by help with laundry for meals on wheels recipients, and, perhaps surprisingly, by help with shopping by lunch club members. Assistance with cooking is something which does not feature so prominently, being mentioned by about a third of respondents. Cooking and food preparation then do not appear in the vanguard of consumer expectations of the service.

Not only were questions asked about the reasons for wishing to have some home help assistance, but enquiries were also made about the causes for rejecting the idea.

Reasons for rejecting the idea of home help assistance

Of the 213 meals on wheels recipients without home helps, 130 (61 per cent) say they do not require one because they can manage; 29 per cent already have an alternative source of help in the form of a relation, spouse or "daily"; 6 per cent are concerned about having anyone else in the house, while one recipient in six is hostile to the idea of the home help service itself, on the grounds that home helps are too much bother, too expensive or not trustworthy.

Almost three-quarters of lunch club members who say that they do not want the service of a home help do so because they feel they

can manage without one; a further 20 per cent have some other help available to them - either a relative or daily; the remaining 5 per cent do not "fancy" the idea for the same kind of reasons as those offered by meals on wheels recipients.

Again the data support the contention that consumer 'demand' from old people is, for a variety of reasons, unlikely to be excessive and generally to be 'reasonable' and related to personal need.

The undemanding nature of old age is further demonstrated by questions concerning requests for help which were asked by meals on wheels recipients.

Requests for help

Apart from the provision of meals, another well-known feature of the Meals on Wheels Service, like the Home Help Service, is the wider social contribution which organisers and helpers make to the everyday life and well-being of recipients. Certainly, this topic was regularly raised during the course of interviews with organisers. It seemed worth while then to discuss the subject with recipients too.

Most recipients (94 per cent) deny that they have ever approached a member of the service for advice or any other kind of help. A breakdown of the type of requests for help which twentytwo members had made shows that a third are concerned with practical needs such

as clothes (6), shopping (1), and special equipment (1). Another third wanted personal advice about money, housing or family problems. The remainder had a variety of requests to make (7). Three-quarters of the people requiring help say that they had their needs met. Five out of twentytwo did not. It is perhaps interesting to see that although six recipients made requests for clothing, only two reported that they had clothing provided for them.

What is it then that consumers like about the meals services, apart from meals?

Features of Meals on Wheels Service liked by recipients, apart from meals

While only a very few people report that they have actually approached a member of the organising agency for help or advice, a much larger number respond when asked which aspects they like about the Meals on Wheels Service apart from the meals. Six in ten recipients say, quite simply, 'nothing'. Otherwise it is obvious that social contact, limited as it is to a brief exchange of words on the very busy rounds, is nevertheless something which three recipients in ten appreciate. Areal differences are interesting. There has been much discussion about the socially favourable circumstances of old people living in the country, where it is said, families remain closeknit, and friends and neighbours retain mutually responsible attitudes towards each

other and towards the handicapped and elderly members of local society.

It is therefore surprising that proportionally almost twice as many country as city recipients say that they appreciate the chance to chat with delivery helpers. It would seem that loneliness is not the prerogative of the urban dweller (Table 10.4).

Features liked best about having meals on wheels

When asked which aspects are best liked about the meals service, three delivery recipients in ten say the meals. Men and women are equally unanimous in this respect. However, liking for other aspects is less equally divided between the sexes. Men are more likely to say that the thing they appreciate most about the service is the fact that it saves them money, or time, so that they don't have the bother of preparing meals and thus have more chance of getting out and about a little. Women on the other hand tend to be slightly less pragmatic. Proportionally twice as many women as men say that the thing they like best about the meals service is the company of the deliverers.

There is then some evidence to substantiate the claim that the service contributes more than just a meal to the recipients. But however much the social contact is appreciated by recipients, the service does not seem to be generally regarded, meals apart, as a source of practical help and advice.

Features of Lunch Club Service liked by recipients,
apart from meals

As we have seen, the attraction of the social component of lunch club membership, is strong. Eightysix per cent of club members quote the company of friends and staff as an aspect they like. Almost a quarter mention social activities. Fewer than one in ten say nothing (Table 10.5). It is interesting that the lowest proportion of people denying a wider social function to clubs is found again in the more rural areas where the company of friends is the most appreciated feature of club membership. Another is the 'getting out' feature which is proportionally twice as likely to be quoted by rural as by city members. This finding is of importance bearing in mind the assumptions which local authorities make about the feasibility of establishing clubs in country areas and the assumed lack of enthusiasm for them on the part of potential clients.

Features liked best about lunch club membership

The last question on both respondent questionnaires concerned the features which recipients liked best about their services. As we have seen among lunch club members contact with friends and company is by far the most frequently mentioned "best liked" aspect of the service. Three times as many club members say they enjoy the company as say they like the meals. Indeed, one member says that he eats at home and only goes to "the club" to see his friends.

One seventyeight-year old widow with five children who lives

alone and has no regular visitors, says that the clergy will not call unless there is illness so that she goes "to the club because of the people. I come out of the club on Friday and I don't see a soul since then and I won't see anyone to talk to until tomorrow". Another widow in her seventies, with four children, living alone, seems not to overstate the opinion of many of her colleagues when she says that "The club is everything in the world to me - it's my whole life - I don't know what there would be to live for if I had to give it up."

Lunch club membership versus meals on wheels

The preferences of meals on wheels recipients will be discussed later. Among club members nine in ten are happy with club membership. Only thirteen (6 per cent) would prefer to have meals on wheels and three (1 per cent) would like to go to a lunch club in the summer but have meals delivered in the winter. Indeed, eight of the thirteen would rather have meals on wheels because of difficulties in getting to the clubs and a further three say that they "don't like going out much" but do not say why. Certainly ten of this group have some or considerable difficulty in caring for themselves. Members who prefer the club service undoubtedly do so because of the companionship. Three-quarters (170) of those who choose the club service say they like the friendly atmosphere of fellow members and staff. This is more than twice the number of those who opt for the next most popular

reason - the benefit of exercise and fresh air which is provided by the journey to and from the club. The remaining reasons for opting for the club service include an unwillingness to give up club facilities (18), the fact that lunch club meals are thought to be better than meals on wheels (5) - which are said to be provided less frequently than club meals (1) - and also that lunch clubs allow a certain degree of independence in so far as "you can choose whether to have a meal or not".

One married club recipient in his sixties, sums up the advantages of club membership in this way: "The meals at the lunch club are always hot. You have nothing to do - no washing up. The meals on wheels aren't always reliable - it's the voluntary help you see. I looked after my uncle for a time and he got meals on wheels. The meals seemed quite good but they came at such odd times."

There is then a solid consensus of approval and satisfaction for both services, and a reluctance to relinquish although not necessarily to change them.

CHAPTER 11

SOME LOCAL AUTHORITY VIEWS OF THE MEALS SERVICES

The evidence presented here and in other publications might lead some people to infer that deficiencies in the meals services could be remedied automatically if only management of the services were to be removed from members of the voluntary organisations and transferred entirely to Social Work department personnel. As we have seen, the Meals on Wheels Service is one in which local authority involvement is varied both in kind and degree. In only one area in Scotland is a service run completely without voluntary helpers. Is it also a coincidence that this is the only service in Scotland to offer its recipients meals on six days out of seven? Does local authority control mean, ipso facto, more comprehensive and frequent provision? In order to throw a little more light on the possible relationship between quality of service and degree of local government control, some of the views of the professional members of departments responsible for the meals services will be examined in the hope of placing into perspective the present situation and future development of the services.

The Local Authority Survey

The interview sample of local authority representatives yielded much information about the origins and organisation of the meals services; the type and adequacy of support given to

the services by local authority committees; procedures and responsibility for assessing need; recipient selection criteria; the home help service and the plans for the development of the meals services or in the case of delivery services, of alternative means of providing nutrition for the elderly and handicapped in their own homes. The following sections report part of the findings of this survey.

The Origins of the Services

The significant part played by lay members of the community in initiating meals services is pointed out by many local authority officials. Often voluntary organisations or individuals interested in the welfare of old and handicapped people were able to take action not so easily open to the local government officials themselves. As one Welfare Officer with a certain wry humour put it: "It (a meals on wheels service) may have been started by a voluntary organisation because the lumbering stupidity of the local authority means that voluntary organisations need to have ideas. I imagine it resulted from people yelling that it should be done. Things are invariably done this way, we do no research. We just pull things out of a hat. We don't do anything unless pushed." His views about the catalytic nature of lay interest in services often bringing about more tangible results from local authority committees compared with the efforts of the employed professionals, is borne out by other officials. One describing how he tried

unsuccessfully to persuade his Welfare Committee to support a meals on wheels service for five years, said "the committee are not welfare minded. They don't really feel that there is such a thing as social need. You see, they're mainly wealthy farmers". Others are unsure about the origins of the service operating in the area: "I'm not very sure that I know - I'm not a member of the O.P.W.C. I have second or third hand knowledge. I suppose they (O.P.W.C.) felt there was a need."

The lunch club services have rather similar origins. One officer describes how the service developed in his area: "I did a survey of old people's clubs. The local authority would not supply premises but it would supply means and £25 worth of equipment, so I had to sell the ideas to the clubs themselves". This is not a typical example, however, for the impetus for lunch club development - like that for meals on wheels - has largely come from local voluntary groups. The need for stimulation to come from local committees becomes clearer when the views of officers without lunch club facilities are examined: "There's no need. I rely on the O.P.W.C. to tell me. I've made an offer of financial assistance but they say everything is alright as it is." (West Coast county); "I've never considered them. I don't know why I haven't considered them to be honest. I suppose there's only a few people where there'd be enough people to make it worth while in the existing situation you need suggestions for the service to come from local committees because we don't have enough people working on welfare generally

to make these suggestions. Local people must point out the need." (Crofting county welfare officer). Other officers are more definite about lack of need for such services. "Everyone here is related to everyone. We don't have problems of loneliness. There may be seven or ten per cent hidden need. The people are independent pensioners and the community services come into play only in crisis situations. The people themselves don't want to be fed. They want to feel that they can fend for themselves it is apparent that there is no demand for meal services in --" (North East county welfare officer). A similar comment from the Borders: "... They're a difficult community even for meals on wheels. There's a lot of inter-marriage here. You have to be very careful what you say and what you do. There are good senior citizens clubs, e.g. in -, meeting once in two weeks. I don't think old people would come more often than once in two weeks." Experience elsewhere has of course, provided contrary evidence.

Preconceptions of a different kind colour the views of a city medical officer: "In theory it (a lunch club service) is a good thing but social groups don't integrate very easily. It would only be used by a certain income group because people don't like anything that smacks of charity." This respondent was particularly concerned about the effect which alcoholics might have on a lunch club.

However, local interest generally seems to constitute one of the most influential generators of services. As one East Central

County Medical Officer says: "A lot depends on local initiative and they're a bit slow to get off the ground. There may be old people's associations in the villages but it doesn't follow that lunch clubs could be established. We (the L.A.) don't go along with the idea of lunch clubs ... we didn't get a very enthusiastic response for them. They started off small and they still are small. There's been very little demand and in a small place old people who are sufficiently mobile to get out, do go out and get companionship that way. Diet and nutrition is good. We have no obvious cases of frank malnutrition. At least, none is brought to our notice."

Other officers point to the inhibiting effect which unenthusiastic local authority committees have on the development of services.

Local authorities and social provision

The passing of the Social Work (Scotland) Act may have extended the horizons of welfare committee members, or made them more amenable to the arguments of social workers. Certainly in 1969, much of the blame for lack of social work service provision was attributed by social workers to the stringencies imposed by others. One group indicated the power of councillors unwilling or unable to give priority to social needs, and a second group pointed out the difficulties resulting from finding themselves working under the auspices of a Medical Officer in a

joint Health and Welfare Department situation. One officer described the restrictive nature of his work situation, thus: "I'm battered daily by all these chiefs. It's not easy. One is not satisfied, but one is fettered by the means the local authority use to keep control. All enthusiasm is knocked out of lively chaps. We have so little information. We want the consumer to have what is said to be good for him but I don't know what lengths we can afford to go to. If everything wasn't tied to the rates there would be great differences. There's either too many cooks or too few with too much power." Another says: "If I suggested a paid service, say to provide meals four days in seven, the Town Council would collapse. They're far more interested in roads and sewers than they are in my kind of work." One officer from a large burgh in the North East would like to establish a lunch club service but is not optimistic. Although he considers that a service could be established with little difficulty, "you have to hammer for a long time until an idea takes root."

The problem of working on an interprofessional situation is one which continues even after the passing of the Social Work (Scotland) Act, although for social workers now the problem of lower professional status is perhaps less keenly felt. In 1969, one social work official felt that he was "mastered by the medical group" and that "all medical people need social training if they are to exploit fully the possibilities of joint professional association for the benefit of patient/client". Certainly the

feeling that lack of status inhibited them in achieving much with local government committees was expressed, although whether the Act has done all that was hoped for in remedying this situation is open to question: "Until we get a Social Work for Scotland Act to give us some face, it is very difficult to do much. The chief officer and other social workers really should act as a group to face the Council and do those things which need to be done." It would be interesting to examine the situation now.

Other officials raised further problems in describing the limitations on providing appropriate services: "..... the social work services here are nil for elderly people. A G.P. will say "Old Folks' home for this one" when what the old people need are meals on wheels and other supporting services it is much easier to stick old people into homes. Because the provision of ancillary services is more difficult there is a tendency for them to end up in residential accommodation. There's no pressure for preventive services". Another, with no lunch club service provision, described his authority as being "very good". Subsequently he mentioned that the County Council were mainly "fisherfolk and farmers" whose parents and grandparents had endured much hardship and who "were only now becoming adjusted to the idea of community provision". He continued: "Xshire has a tradition of Highland pride. Councillors are working folk who remember how their grandparents lived. People are changing

here and we are succeeding in a variety of ways. I think they (the Council) will accept the idea of spending more money. Housing is crucial. We need to keep them (the elderly) out of old people's homes. Up until now it has been impossible to convince councillors of the need to provide community dwellings." Even so, it was made clear that housing allocations were subject to influences other than need: "... you don't get a house according to your need but according to who you know. They have long memories here."

Local authorities and the meals services

All local authorities make some kind of contribution towards the meals services in their area although the amount and the kind of support fluctuates considerably. Most authorities make provision in the form of meals or will meet a proportion of, sometimes all of the deficit between the cost of the meal to the recipient and that of the supplier. Some provide drivers and transport, others premises, if the meals are cooked by members of the voluntary organisation. Feelings are mixed however, about the adequacy of support: "On the whole I get whole-hearted support but they have reservations when it comes to spending money. Until tomorrow comes our hands are tied. We don't sell social work to the Councillors." Although one or two officers express total satisfaction with the support they and the voluntary organisations receive, the majority describe local authority support as being 'adequate' for the present

services. (The services themselves may be judged deficient. Thus one officer, believing local authority support is adequate, remarks that in his area "The meals service operating once a week does nothing at all"). Another says: "It's adequate in the sense that we're not asked for anything." One authority at least has ensured that its commitment to the meals on wheels service is curtailed by allocating a quota of meals to various settlements in its area. The quota is based on the size of hotlock containers. Thus meals may only be provided in units of thirty, twelve and six. The extra one or two old or handicapped people who may appear in the villages of this rural authority cannot be catered for. Elsewhere restrictions are of a different kind: "... in X, the County Education Department say that no more than sixty meals should be provided, and then only to the infirm."

Some officers undoubtedly feel that their local authorities would have no hesitation in granting extra money or other support for the meals services should it be required. Limitations here are self-prescribed rather than imposed: "They (the voluntary organisations) manage fine. X has raised more than £100. As far as Y's secretary is concerned, his attitude is that he won't ask for money as long as he feels he doesn't need it. The County Council never quibble. It's always left to me. The (voluntary) Committees are quite happy to raise funds. If they required money, they would get it." Reliance on voluntary

committees to come forward when services require change or support is not widespread. When asked about the adequacy of local authority committee support, another official remarks: "It is not adequate because there's a lack of co-operation and co-ordination between the local authority social services and voluntary organisations. The local authority needs more social workers to develop the community services. We really need a Liaison Officer. The voluntary committees are headed by figureheads who don't know the people. It's the ones who are doing the meals who really know what is needed." Contact between them and area organisers or committee members can be very infrequent.

Assessment of need

Local authority officers were asked for their opinion of the adequacy of the existing procedure for assessing need for meals, the means by which assessments were made, and for suggestions by which improvements could be made.

There is general agreement among officials that the services are not adequate to meet community needs, either in terms of coverage, frequency, or both. Levels of satisfaction are varied of course, and range from those individuals who would support the statement that "Like almost any other service of its kind, it needs people to yell for attention. There's always a hidden need" to those who say "It meets part of the

need" or "It probably meets the need although isolated people exist who could do with two meals a week (but) the scattered population makes it impractical...". Others say "It covers 90 per cent of the need" or that need is "totally covered". Complete satisfaction is very much a minority viewpoint and will be discussed later.

Reactions are equally diverse in respect of the means used for getting at people in need. While a small number have no doubt about the efficiency of their systems, pointing out that "... doctors always let us know", others are less confident. Reliance on local professional workers is regarded with suspicion by some: "G.P.'s are not intellectually convinced by the Meals on Wheels service. They think of it as a cup of soup by the back door." Another, recounting his experience with district nurses, says: "Nurses are supposed to know and yell about them (people in need of meals) but even in 'X' the Nursing Superintendent queried the need of three people I suggested myself." The problem of developing more efficient methods of tracing potential recipients is recognised but the solution is not readily to hand: "Field workers, general practitioners, churches, clubs, all these kind of organisations throw up people. I have sent newsletters out to over a hundred organisations hoping that they would send people, but this still doesn't really get to those who are in need." Visitation schemes are considered by some to offer the best solution to this problem, but their efficiency depends on the type of person used and the degree of coverage of the scheme:

"There is no regular visitation of old people through this department. We do not have our finger on the geriatric pulse of the community."

Even the possession of a register of old people thought to be in need may not be exploited: "I have a register of old people. I don't use the register because they (the voluntary agency) have as many people as they can cope with." Another officer supports this view, saying: "... I need more voluntary workers. We could double the number of people supplied if we had the help."

While some officers examine all applications for meals, others see only those which have filtered through voluntary organisation channels and this too is a cause of some critical comment. A question about responsibility for assessment of individual need elicited the following reply: "It's not really assessed. The - (voluntary organisation) are relatively good but their assessment isn't very good. Their means are vague. We have, in fact, a lot of Lady Bountifuls operating in this county and we rely on them because we have no staff to do otherwise." Another, with similar staffing problems, perhaps reaches the heart of the matter when he says: "Our trouble is there's no communication with the individual as such. The procedure could be improved if only we could communicate better."

The adequacy of present meals service provision

There is then little complacency among local authority officers about coverage and frequency of services. In only two of thirtyfour delivery service areas and three in twenty lunch club areas do local authority officers describe present provision as completely adequate. If indeed this is so, why should it be? As one might expect the reasons are varied: "We are at the mercy of the Schools Meals Service, we don't want to make demands on the staff" or "the - (voluntary organisations) could not operate a five-day service because they depend on two or three diehards in each area." Money too is mentioned as a deterrent to more local authority involvement and provision: "It's a question of expense. The local authority would have to employ people. They won't do it today or tomorrow" or "... The present frequency is five days in seven for meals on wheels and lunch clubs. I have put out feelers for a seven day service. I eat seven days a week and enjoy it. It seems wrong not to provide a seven day service for old people. It may be that no provision encourages them to see to themselves, but I think they need contact with the outside world. I would say that a seven day service is preferable but I don't think the local authority would accept it."

Local authority officers recognise the limitations imposed on voluntary organisation effort by lack of staff, but equally foresee considerable difficulties in persuading local authority committees to provide the considerably increased financial

assistance necessary to close the gap between voluntary provision and total staff needs. Having said this, it is also clear that some officers at least prefer not to change the status quo: "No, I don't think that the frequency is adequate. It ought to be every day of the week. I don't know why it isn't delivered more often. The organisers do say that is all they are asked for. They may have difficulty in getting voluntary helpers of course. The County Council would sympathetically consider a paid service if it was put up but I think it's better in voluntary hands. They get close to people. People would rather take from voluntary organisations than from the authority. We are 'They'. The old people will accept more willingly from voluntary people". Or another who says: "I would like to do more. I'm held back by lack of time to do it. There may be difficulties in getting voluntary help. We would be stuck if the voluntary people would not do it. The alternative would be a paid service but I don't think that the county would wear it ... I like working with the - (voluntary organisation) and I don't want to upset them."

There is then some hesitancy on the part of local government officials to disturb the delicate balance of relationships between them and the voluntary organisations. Undoubtedly they feel that any pressure on their part to extend or expand the meals service would possibly rupture what they regard as good relationships. How well founded is this fear? Certainly if there is any degree of agreement between officers and voluntary

Fig. 11.1

Meals service provision:

Opinions of Local Authorities and meals organisers
on adequacy of provision, in relation to the
number of old people in the population and the
proportion receiving meals.

Recipients per 1000 old people	Old people per 1000 population				180- 200
	100-120	120-140	140-160	160-180	
<5	- -	(I)(I) [I]	- -	(C) -	(f) -
5-10	(I)(C) [A][I] (I)(f) [A][I]	(I)(I) [I][A] (I) [A]	(I)(f) [A][A] (I)(f) [A]	- -	(f) -
10-15	(I) -	(I)(I) [I] (I)(f)	- -	(I) [A] (f)	- -
15-20	- -	(I)(f) [A][A]	- -	(I)(A) -	- -
20-25	(I) -	(I) -	- -	- -	- -
25-30	(I) -	- -	(I) -	(I) -	- -
30-35	(I) -	- -	- -	- -	- -
35-40	- -	- -	- -	- -	- -
40+	- -	(A) [A]	- -	- -	- -

Local Authority opinion:
 service is-

- (A) adequate
- (I) inadequate in frequency
and cover
- (f) inadequate in frequency
- (C) inadequate in cover

Voluntary organiser
 opinion: (cities and
 large burghs only)

- [A] service meets needs
of elderly for
meals.
- [I] service does not
meet needs

organisers regarding the inadequacy of the services there would be common ground for discussing means of improvement.

Local authority and voluntary organiser opinions of the adequacy of delivery services

The views of delivery organisers and local authority officials are summarized in Figure 11.1. (A similar exercise for the lunch club service was not undertaken because of the small numbers involved.)

The outstanding feature of this diagram is the evident dissatisfaction of local authority officers about the number of people catered for and the frequency of delivery. Of thirty-four officials, twentytwo say the delivery service in their area is deficient both in frequency and adequacy of coverage, and eight believe deliveries to be too infrequent. Only two have no adverse comment to make.

We are able to match organiser opinion about the meals on wheels service with those of officials in seventeen areas - the cities and large burghs. In ten of these areas organisers say that need for the service is being met. Here then is some difference between professional and lay opinion. In the sixteen areas where opinions can be matched, congruity exists in only seven: six areas are jointly judged as being deficient in provision and one as being adequate. In the remaining nine areas opinion is polarised: all voluntary organisers say that

the service meets the needs of the local elderly and handicapped population while all local authority officers hold a contrary opinion.

The question then occurs of the existence of evidence for evaluating the 'rightness' of these judgements? Is there any justification for the differences of opinions held by the two groups? Figure 11.1 not only shows the distribution of differences of opinion but relates them to the rate of meals provision per 1000 elderly people, and to the proportions of people of retirement age in local area populations.

Among officers serving populations with a less than average proportion of elderly people, i.e. between 100-119 elderly per 1000 population, most provide at a rate of between 5-15 recipients per 1000 old people and all believe this level of provision to be adequate. Among those with rates of 120-140 elderly per 1000 total population, the modal provision rate is the same and only one officer, providing the highest rate of recipients per 1000 elderly population in Scotland, believes his service to be totally adequate.

The only other local government officer to express satisfaction with both coverage and delivery frequency is to be found in an area with an above average proportion of retired people with a provision rate per 1000 elderly people of between 15-20. This in itself is interesting for another local authority officer, with the same

rate of elderly to total population and making the same kind of provision rate, believes quite the reverse, as does another official with the same kind of above average rate of elderly in the population who makes a higher rate of provision, i.e. 25<30. These discrepancies in opinion between local authority departments serving the same kind of communities - in these cases all rural counties with similar problems regarding meals provision - merit further investigation. Perhaps the most interesting cases are those at the bottom and top of the provision league. The three authorities with the highest ratio of old to total population, and the lowest actual provision rates, are all only partly dissatisfied with their services. At the other end of the scale, in those areas with the lowest rate of elderly to total population and the highest provision rates, all officers believe the service to be deficient. Voluntary organiser opinion is equally disparate. While in areas with the same proportion of elderly people and provision rates of 5<10 and all local authority officers agreed about some aspect of service inadequacy, voluntary organisers are divided. In three other areas however, with the same provision rates but higher ratios of elderly people and a local authority consensus about service inadequacies, all voluntary organisers believe their services meet local needs. It is notable that the lowest provision rate found acceptable by any local authority officer falls within the range of 15<20 per 1000; among voluntary organisers the comparable figure is 5<10.

Plans for the future extension of the services

There seems to be little relationship between opinions of local authority officials and voluntary organisers concerning need for the meals on wheels service and the parameters we have used to indicate the size of the possible problem, i.e. it may be reasonable to assume that the higher proportion of elderly people in the population the potentially greater the problem of provision could be. What about plans for the future? How many authorities are hoping for extensions of their nutritional services? The relationship between present assessments of delivery service adequacy and plans for future development are shown in Figure 11.2.

The two authorities with the highest proportion of old people in their areas and lowest rates of meals service provision have no plans for developing their services further. The officer whose proportions of old people is one of the highest in Scotland (180<200 p. 1000 total population) and whose provision is also one of the lowest (<5 recipients p.1000 old people) feels that his service is deficient in terms of frequency of meals delivery only. He does not know why meals are only served twice weekly although there is suggestion that it might be due to difficulties in recruiting voluntary help. He believes that his County Council would support the employment of paid help in order to improve the service, but nevertheless prefers not to intervene because he believes that the present recipients prefer to be served by voluntary rather than paid helpers (the recipient survey provides no supporting evidence for this supposition). The County

Fig. 11.2

Meals service provision:

Local Authority opinions of adequacy of provision,
and plans for extension of service, in relation to
number of old people and proportion receiving meals.

Recipients per 1000 old people	Old people per 1000 population				180- 200
	100-120	120-140	140-160	160-180	
<5	-	(I) + (I) +	-	(C) o	(f) o
5-10	(I) o (C) + (I) o (f) +	(I) + (I) o (I) o (I) o	(I) + (f) o (I) + (f) o	-	(f) +
10-15	(I) o	(I) + (I) o (I) + (f) o	-	(I) o (f) o	-
15-20	-	(I) + (f) o	-	(I) + (A) +	-
20-25	(I) +	(I) +	-	-	-
25-30	(I) o	-	(I) o	(I) +	-
30-35	(I) +	-	-	-	-
40+	-	(A) +	-	-	-

Local Authority opinion of
adequacy of service:

- (A) adequate.
 (I) inadequate in frequency
and cover.
 (C) inadequate in cover only.
 (f) inadequate in frequency only.

Local Authority is-

- + considering plans
for extending
service.
 o not considering
plans for ext-
-ending service.

currently provides support in the form of some school meals but nothing else. When questioned about the adequacy of support for the meals service by his Local Authority Committee this particular officer said: "It's adequate in the sense that we are not asked for anything." He had mentioned the possible establishment of a meals service in one of the larger county towns but said that, on being assured by a local voluntary organisation that there was no need, he had ceased to pursue the idea.

Almost all of the officers who have no plans for expanding their services echo the view that they are unwilling to approach and "upset" voluntary organisations. It is not "worth upsetting the apple cart for another day", is a fairly typical reaction, while others say that if the voluntary organisations knew that expansion of the meals service was being planned "they'd tell us to go to hell".

However, other officers do have plans for trying to improve both coverage and frequency of both meals services. A substantial minority think that some form of paid service might be necessary in order to make effective provision for local need. Others believe that the Home Help Service, better integration of delivery and club services, or centralised kitchens offer a feasible means of exploitation. A glance at Figure 11.2 clearly indicates the lack of association between opinions of the current delivery service, plans for its future development, and what might be seen

as indices of the severity of the task facing planners, that is to say, the rates of present provision and the age structure of the population to be served. What does emerge from the Figure is the fact that if, as an old person, you live in an area where the elderly to total population is of the order of 180 or more per 1000, you have a one in seven chance that the meals on wheels provision rate will be 2 per cent or more; if you live in an area where the rate is 160<180, the chances are one in four; and if you live in an area where the rate is fewer than 160 the odds that the provision rate will exceed 2 per cent will be one in three. Prima facie this does not seem to conform to the dictum of 'each according to his need'. Of course a variety of explanations for this situation are possible. It may be that in an area whose population is weighted towards the upper end of the age scale perceptions of need are rather blunted. Conversely it may be that the possible size of the problem deters people from delving into it too thoroughly. Neither explanation seems to be totally acceptable for in areas with an higher than average proportion of elderly people variations in provision ranges widely. Much clearly depends on individual officers and their attitudes toward the needs of old people and to the meals services themselves. The factual foundation for beliefs about what constitutes feasible provision in particular areas may be debatable. In some instances lack of interest and knowledge seemed basic to the opinions expressed by officers. It seems clear that if the needs of the aged were to be weighed in the balance against any disturbance of the 'status quo' in some areas,

then the old people might well lose out. This statement could equally well describe the attitudes of some of the voluntary organisers, but it must be said that many of the voluntary workers lack the opportunity to acquire an overall view of need among old people. On the other hand, even in 1969, there was sufficient evidence available to professional workers about the range of needs among elderly people to make complacency about social services unjustified. It may be of course, that meals services are not viewed as an integral part of social service provision.

One officer of a twice weekly service had evidence from a survey undertaken five years before this present survey that expansion was necessary in his area, but he had not tried to increase provision and still had no plans for doing so in the future. Some officers find comfort in the fact that old people in their areas are given sufficiently large meals to cover two days needs: "The present service operates two days a week and I would prefer a three day service ... They give the old person a meal that could be made to last two days a week and therefore three days a week could be sufficient - they could heat up the second day's meal in the oven. I think that it is a perfectly safe procedure as long as they have a clean container to start with... It possibly isn't in accord with the best practice, but I feel with small individual meals it doesn't matter." The speaker, a Medical Officer in charge of a joint department, was subsequently found to be misinformed about practice in his area.

His School Meals Service Organiser specifically stated that the size of the portions was deliberately kept small in order to stop recipients using part on the day following delivery, thus avoiding the risks involved with improper reheating of food. One wonders how widespread this kind of lack of communication is, and how far it goes towards bolstering up an ill-informed confidence in the state of the services. Another Medical Officer, describing the 'large meal' delivery practice in his area, which converts a two day service effectively into a four day service, said: "I'm not in love with it, but force of circumstances make it difficult for the - (voluntary organisation) to go out on four days a week."

It is not easy to reconcile the different attitudes of officials. Like the voluntary organisers, some officers are ambivalent about the need for a meals service: "There are people living on tea and buns but there is no-one suffering from malnutrition here." The same respondent describes the particular character and needs of the elderly: "The people of - especially in the older generation, are proud and independent and want to be so until the end of their days. The old women especially take pride and pleasure in looking after themselves. This we respect. We think it's jolly good therapy for them. We don't encourage people to accept Meals on Wheels." At the other end of the scale there are officials who would like to see some kind of daily meals provision made available to all old age pensioners, the economic cost of the meal being borne by those who could afford it,

It is absolutely inevitable that values and opinions will differ in any professional group but that this variation should be quite so great among welfare workers is perhaps surprising. There is no doubt that most officers are convinced about the need of old and handicapped people for help with meals and that most regard it as a legitimate and worth while part of community service. However, there seems to be less widespread agreement concerning the means that could be exploited or used to meet this need. A variety of methods are being used at the moment, although the major official providers are without question the two meals services and the Home Help Service. Which of these is regarded as being preferable as a means of providing meals at a local level seems to depend on the rather idiosyncratic judgement of local officers. In their turn these judgements rest on foundations of beliefs and 'knowledge' based on past experience. In areas where female domestic help is readily available officers have choice. It becomes possible for meal preparation to become part of the general services offered by home helps. Clearly some officers would like to see this as part of the future pattern of development of the meals services. Whether this is the most appropriate task a home help could do, given the possibility of an efficient and integrated delivery and club service, is debatable. Some officials do favour a delivery service as a means of provision in the home but believe that, if it is to be effective, then it should be run by the local authority itself, possibly on a commercial contract basis. This would destroy the rather avuncular relationships which exist between some local authority officials and the voluntary work force and might well be resisted

by both in certain areas. Perhaps one of the most disturbing aspects of these surveys is the almost nihilistic attitudes exhibited by some officers which are encapsulated in the belief that need is extant but little can be done about it, or that there is little or no need among the elderly and that therefore nothing needs to be done. Although some element of uncertainty about the efficacy of the meals services as they exist may explain the former attitude, it does little to account for the latter. It certainly provides a startling contrast to other officers, one of whom, serving over seventyeight thousand meals on wheels and fortynine thousand club meals in 1967, could only comment ruefully: "It's amazing when I look through these books (Annual Reports) how slow we are at doing things."

PART III

CHAPTER 12

DISCUSSION AND CONCLUSIONS

The previous chapters have provided some detail about the organisation and administration of meals services in Scotland and given some idea of the range of opinions and attitudes existing among both organisers and clients. At this stage it is perhaps appropriate to examine some of the weaknesses of the system and some of the suggestions which have been made for their solution.

Some defects and remedies in meals service provision

The major areas in which improvements are desirable and, indeed, necessary if the meals services are to fulfil their functions in anything like an adequate manner are threefold: the first lies in the area of the meals themselves; the second concerns the frequency with which meals are provided; and service coverage constitutes the third.

The meals

Meals vary with respect to their cost and suitability for old people's needs. There are differences in the cost of provision to recipients which cannot be entirely explained on the grounds of cost to the supplier - particularly in areas outside the cities.

The menus, especially those provided by the School Meals Service, are a subject for critical comment by both organisers (1:3) and local authority officials. The survey data also raise certain questions about the suitability of the School Meals Service as a major supplier of meals for the old. Not only is the element of choice lacking but the likelihood of meals designed for children meeting the dietary needs of the elderly is debatable. One local authority reports: "We suffer from certain restrictions. The school service isn't intended to provide for old people you are circumscribed by the meals the schools prepare. We have even switched schools because of the poor quality of food." The most frequently expressed criticism is that the carbohydrate content of the meals is too high. For some local authority organisers the disadvantages of the meals is offset by economic considerations: "The great advantage of the School Meals Service is its cheapness". Against this must be set the numerical restrictions which some School Meals Officers impose on the meals service and which constitute a source of dissatisfaction. There is also the fact that little consideration is given by the School Meals Service to those who need special diets. Areas which are heavily dependent on Education departments for meals have both the lowest potential and actual rate of special diet provision. A total of only 107 people received "special diets" during the survey week. This represents 1.7 per cent of all meals on wheels recipients. The fact that just a fifth of all delivery schemes in Scotland are in a position to supply a simple form of special diets and that one

organiser in ten reports recipients withdrawing from the service because of lack of appropriate dietary arrangements, would indicate a pressing area of unmet need. As Harris (1960) points out, it is unlikely that there is any accurate evidence available of the total need for special diets since recipients are recommended for inclusion in the lists by organisations or individuals who are aware of the limitations of supply and so unlikely to forward the names of individuals known to require special diets.

It may be contended that the meals services are not the most appropriate means of meeting particular needs of this kind and that the organisational strain of catering for special dietary needs may adversely affect the general efficiency of the services. If this argument is maintained, then a small, but perhaps more acutely handicapped, number of old people will not be covered by any established meals service. The problems of elderly people requiring some special dietary meals service requires further investigation. Certainly there is insufficient awareness of the extent of this problem either in terms of the number of old people affected or in the type of dietary variation necessary to meet their needs.

A School Meals Officer's views

Explanation for the deficiencies of the meals provided by the School Meals Service appears to rest on the rigid nature of its organisation and lack of interest and sometimes uncooperative

attitudes on the part of its organisers. A couple of Meals Officers were interviewed in the course of this investigation. One recognises the difficulty of providing for two sets of consumers at the extreme ends of the age scale but does not see the problems as being insuperable. From his point of view, a major difficulty is the infrequent nature of deliveries: "It would be far less trouble for me if they'd order five meals a week (for each person) than the present two." As it was, staff had to be geared to a production level which was only reached twice a week. Inability to bridge the summer gap is explained in the same way. School kitchens could be opened throughout the summer and run by skeleton staffs, but the local authority did not think it worth while for just a couple of days or so a week. This officer would like to see the meals services developing under the auspices of School Meals Services with meals being delivered by the Departments in heated vans rather than hotlocks. Not only would he like to deliver meals but cheap or free milk as well, using the unwanted 1/3 pint bottles which became defunct when the provision of free school milk was stopped in secondary schools. As it was, he said, "All we're doing (for old people) is putting them on a starvation diet. People say that old people don't eat. This just isn't true." Unfortunately it is not possible to say how representative his views are of other Officers in the School Meals Service. Even this Officer, interested in the welfare of the aged as he clearly is, had little contact with the officials running old peoples' meals services in

his area and had not discussed his views about his department's possible contribution to them.

Responsibility for suggesting change

Examples have already been given of lack of communication between School Meals Service and health and for welfare personnel elsewhere. In the circumstances it is perhaps not surprising that adverse comment on meals tends to be rejected almost out of hand by some meals officers. One, interviewed locally, is convinced that criticism of the School Meals Service food from recipients is precipitated by voluntary organisation helpers "saying things like 'it's pie again today, dear' even when the filling's different". Certainly the onus seems to be on voluntary organisers to press for change rather than on appropriate local authority officials: "I rely on the W.R.V.S. They haven't complained about anything. They may want to but haven't so as far as I'm concerned the food's alright." (Crofting county welfare officer).

There is clearly scope for improvement in this area of meals provision.

Frequency of provision

The second area in which the services may seem less than adequate is the number of meals which each service recipient receives weekly. There is evidence to suggest that the minimum

number of meals required weekly to make a useful contribution to the nutritional needs of old people is four. The current modal figure is two. Inadequate frequency encourages some meals on wheels recipients to make a single delivery last for two days or for two meals - a suspect and undesirable practice. For a minority there are considerable periods where no meals are provided at all and for the overwhelming majority of old people provision stops totally over the weekend.

Service coverage

Thirdly, no evidence exists that all elderly people who have difficulty in providing meals for themselves do actually receive help either through the meals on wheels or lunch club services, or through the medium of the Home Help Service. Such evidence as has been presented here (taken from published literature and from the local authority survey) strongly suggests that coverage is substantially inadequate.

Problems of expansion under the present system

The conflict of opinion concerning the need to expand the meals service either in terms of coverage or frequency has been discussed. Only one in ten voluntary organisers think that unmet need exists in their areas and even then believe it to involve very few people. However, four organisers in ten do not anticipate any problems in extending their services and would appear willing to

attempt such an exercise if asked. On the other hand, six organisers in ten point to a number of difficulties, chief of which are lack of staff and transport.

The problem of staffing the service is one which both voluntary organisers and local authority officers raise frequently in explanation of present services inadequacy and as a reason for not pressing on with plans for expansion.

It is then a major cause for concern. One in three of the interviewed organisers refer to a chronic problem of recruitment in their areas. Several organisers report unsuccessful attempts to recruit more helpers, including the use of the mass media. In some areas servers are of an age with served and organisers express some doubts about the physical ability of some of the helpers to manage, particularly in urban tenement areas where meals have to be carried to flats up several flights of stairs. What can be done about this staffing situation?

It is possible that co-operation with another voluntary organisation might alleviate some staffing shortages. Certainly a few of the meals services already function as co-operative efforts. However, when organisers are asked about the establishment of possible joint ventures in the field of voluntary service, one in two are notably doubtful about its possible success.

There does seem to be pressure in some areas to get new recruits to the meals service to join the organising agency and it was suggested

during the course of surveys that part of the difficulty of acquiring and retaining voluntary helpers is due to the commonly held belief that all helpers must be members of the organising voluntary agency. Indeed, one local authority Officer specifically mentioned that all volunteers are routinely referred to the voluntary organiser who insists that they should join her organisation. In this way many volunteers are deterred from giving service. The truth of this assertion is difficult to determine. (Over a third of organisers claim to run services in which all members belong to the W.R.V.S. but rather more say that not all their helpers hold membership. However, included in the latter group are those services where School Meals Service van drivers are 'loaned' to the meals on wheels services.)

If the staffing problems of the service are not to be solved by co-operative effort or by an access to further resources of voluntary helpers, then some kind of paid service must be considered. The solution is one which has been mooted already by local authority officials although in a spirit of theory rather than possible practice. The reluctance of some officers to relinquish company with the voluntary organisations has been discussed as has too the force of circumstances partnership between other officers and volunteers in areas where financial support for a paid service is thought to be unlikely. It has been assumed that a mixture of voluntary and paid help would be incompatible with the wishes of voluntary organisers. When asked in which direction their preferences lie, over two thirds of organisers say they prefer

unpaid voluntary workers. This is not surprising. However, a result that might be borne in mind by those who affirm that voluntary workers will not accept paid workers as colleagues is that almost a third of our organisers either express a preference for paid helpers or else opt for a mixture of both. The most common reason for this choice is that paid helpers can be directed - "there's no comeback with voluntary helpers" - and that if paid, they can be asked to work longer hours and perform domestic tasks which voluntary workers are reluctant to undertake. The reliability of paid help is another characteristic which predisposes voluntary organisers in their favour.

On the other hand most of the organisers who prefer their staff to be voluntary say that it is because voluntary helpers want to do the work and are therefore more interested and consequently more reliable than people who are paid. Their belief that voluntary and paid helpers "won't mix" ranks next while another group avoids the question altogether by denying the existence of a voluntary staffing problem in their area. There are certain preconceptions about paid helpers which might make joint work difficult. Paid helpers "clock-watch"; they are thought to be "more interested in working conditions" and to "make recipients feel the service is a charity". These are fairly representative arguments put forward against the idea of having paid workers in this field.

Other organisers are more pragmatic saying that voluntary

helpers save money which can then go to the old people. Economic factors undoubtedly loom large in the initiation, continuation and proliferation of meals services, and although the money saved on labour costs by voluntary helpers does not go directly to local old people it may enable the service to cover more people than would otherwise be the case.

There is some dichotomy of opinion between lay and professional workers concerning staffing. The opinions of the voluntary organisers give some support (but not as much as might be expected) for the fears of local government officers that the meals services have to be an 'all or nothing' affair. That is to say, if the service is to be extended then it has to be by means of the local authority employing helpers. There is the impression that, for some officers at least, the employment of paid help would automatically preclude voluntary workers from the service. As we have seen, a substantial number of officials have no plans for extending their meals service because they feel that their voluntary agencies could not cope.

The voluntary agencies maintain that help is limited and becoming more so with the increasing number of women who go out to work. Shortage of workers may be areal, seasonal or both. The urban areas seem to be worse affected, presumably because of the more numerous opportunities for employment. Similarly tourist areas are hard hit in the summer season when not only are more women taken on in the hotel and ancillary trades but also cafes

and other sources of meal supply become less accessible. These problems of course, affect both the meals services and the Home Help Service.

One question arises out of this discussion. Are unemployed women the only appropriate source of voluntary help? Are there any other groups in the community whose goodwill could be utilised in a practical fashion? At the moment meals services staff include not only unemployed women but school children, van drivers and taxi-drivers. Some areas rely totally on this latter group of people, including one with a high rate of coverage and plans for expansion ready for implementation. Doubts arise about the wisdom of engaging school children when they are used not only to deliver meals but also as a means of keeping a watchful eye on the continuing welfare of old people. This kind of situation, while not planned, could possibly occur in areas where the meals service deliverer is an old person's only source of regular contact with the outside world. Also, one inclines to agree with Shenfield that "It is not easy to involve many men or younger people in an organisation with a middle-aged female membership and it is possibly better for the young to belong to other groups such as Task Force" (Shenfield, 1972).

A proportion of both local authority officers and voluntary organisers would fundamentally agree with Trevelyan when he says that "It is a significant feature of much voluntary social work in our

time that it is concerned not with one or more particular forms of social welfare but with the whole condition and circumstances of a person's life. At one time the need for material relief was so great and so obvious that all other considerations tended to be excluded. Now voluntary service can deal with underlying problems which cause anxiety, distress and sickness, as for instance in old age, family relationships in the living conditions of today, adjustment to normal living and to work after illness" (Trevelyan, 1952).

There is no doubt that many of the meals service workers see this wider role and to varying degrees adopt it. In areas lacking social work personnel - and most areas in Scotland are still undermanned - dependence on voluntary workers of all kinds is a notable characteristic. Meals service workers are indisputably part of this pattern, particularly among the elderly. It is important then that staff be as sensitive and knowledgeable as possible about the needs of old people. Here perhaps lies a major argument against using the services of the very young. Of course this does not mean that school children should not be involved in community activities of this kind. Quite the reverse. Some social study courses now involve young people in outside activities designed to aid old people in a variety of ways - including delivery of meals from local schools. Providing children want to undertake this kind of activity for the aged then the results may be beneficial to both. The potential contribution of the younger members of the community to the welfare of old people is considerable. The caveat is that their

enthusiasm and energy be channelled in appropriate directions and areas and that such decisions as are made about their contributions are reached with a clear understanding of the young people's proper role and function. Organisers describe in graphic terms their inability to solve their staffing problems, often in spite of strenuous and persistent appeals to the public. It might be that more use could be made out of school children. Certainly there are reports of children being used under the direction of meals service organisers to bridge the holiday gaps when the regular voluntary helpers are less likely to be available.

However, very little advantage seems to have been taken of members of the community at the other end of the age scale. It may seem strange to suggest that a manpower problem in a service for old people might be solved by drawing on the services of the group the meals organisation is meant to serve. But is it so odd? Some areas currently rely for drivers on the retired husbands of helpers. It is an informal arrangement without which the services would be handicapped or at times unable to function in some areas. In other areas the average age of the helpers is the same as or exceeds that of the recipients. The physical limitations which gradually impose themselves in the later years of life must be recognised, but not all people become frail and incompetent at the ripe old age of sixty or sixty-five. In fact, the majority do not. The ennui which may afflict the retired male in particular is something which could be offset by the provision of work such as the meals services could offer.

Active members of old people's clubs might well be a productive source from which delivery or club helpers could be drawn. Scope for employment is very limited once retirement age is reached and this might well, if modestly remunerated, help the financial situation of a small proportion of old people. Certainly members of some clubs already help in the general running of services although, as one organiser has pointed out, they are expected to do so without payment in cash or kind. This would seem short-sighted bearing in mind the urgency of need for staff in some areas.

It is obvious that the somewhat inflexible rules and regulations applied by some local authorities and voluntary organisers require review. It may be that local authority departments - if they are to promote meals services extension - will have to become involved in services employing voluntary and paid helpers or use a contract system; voluntary organisations may have to open their ranks to non-member helpers and be prepared to work on an inter-agency basis, perhaps rotating services between different voluntary organisations, while sharing capital resources and local authority support (a system which already works well in some areas).

Scope for expansion of both meals services is undoubtedly considerable although the meals on wheels service, as the heaviest consumer of manpower, is most affected by staff shortages. It is perhaps appropriate here to examine some estimates of the expansion thought desirable in the delivery service in order to put into context any further discussions of service extension.

Some estimates of meals service expansion

It is possible to assess requirements for meals on wheels on two bases: firstly on demand by present recipients who would like to have more meals, and secondly, by the simple expedient of applying national normative rates. Neither exercise is totally satisfactory of course, but both provide some idea of the order of increase which might be called for.

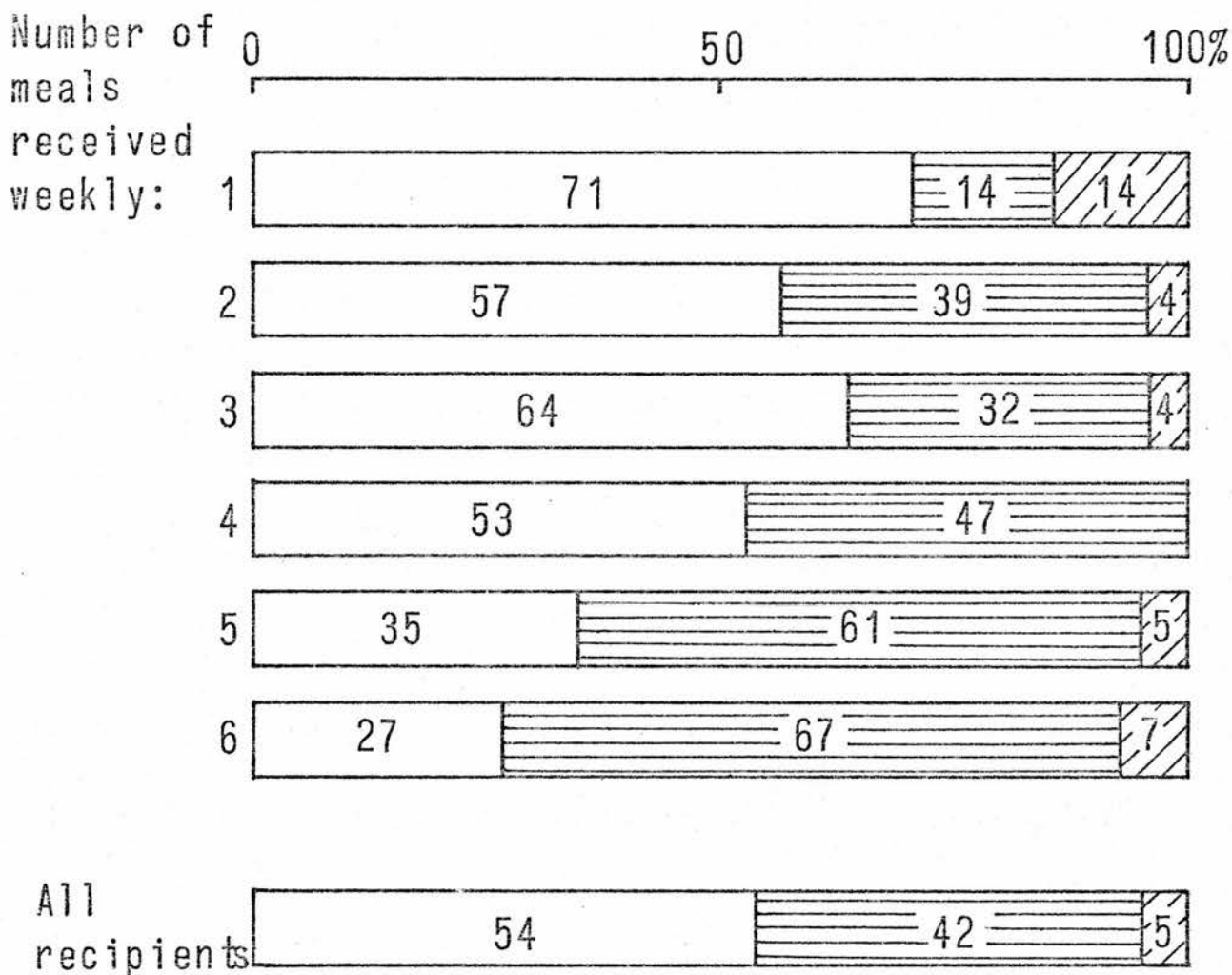
Recipient opinion about more meals

Five in ten recipients say when asked that they would like to have meals more often. Four in ten reject the offer, the remainder are uncertain. (These figures are reversed in Stanton's study of meals on wheels services in two North London boroughs, i.e. four in ten would like meals more often, but her sample was much smaller (91) than that used in this study.) The most common reason quoted by Stanton for refusing the chance to have meals more often is that recipients (men as well as women) prefer their own cooking as a change. The second most frequent reason for rejection is that they prefer to have weekend meals cooked by relatives or neighbours. She specifically mentions the fact that "No-one mentioned that it would cost too much to have meals more frequently". The results of these surveys are somewhat different. The two most common reasons for refusal of more frequent meals in our population is, firstly, that the respondent feels able to 'manage' on other days or secondly, that he or she has no need of dinners every day. The fact that neighbours, friends, relatives or home helps cook

Fig. 12.1

Meals on wheels:

recipients' wish for more meals, in relation
to the number of meals actually received.



Wish to have meals more often:

- ☐ Yes
- ☐ No
- ☐ Uncertain; unknown

at other times ranks fourth in the lists of reasons for refusal and is quite closely followed by those who say they do not need more meals because they make one delivery last two days. As we have seen, recipients means of managing on non-delivery days include a substantial number who have no cooked meal at all. There must be included in the group of refusers a considerable number of old people who probably should have meals more often judged by normative values.

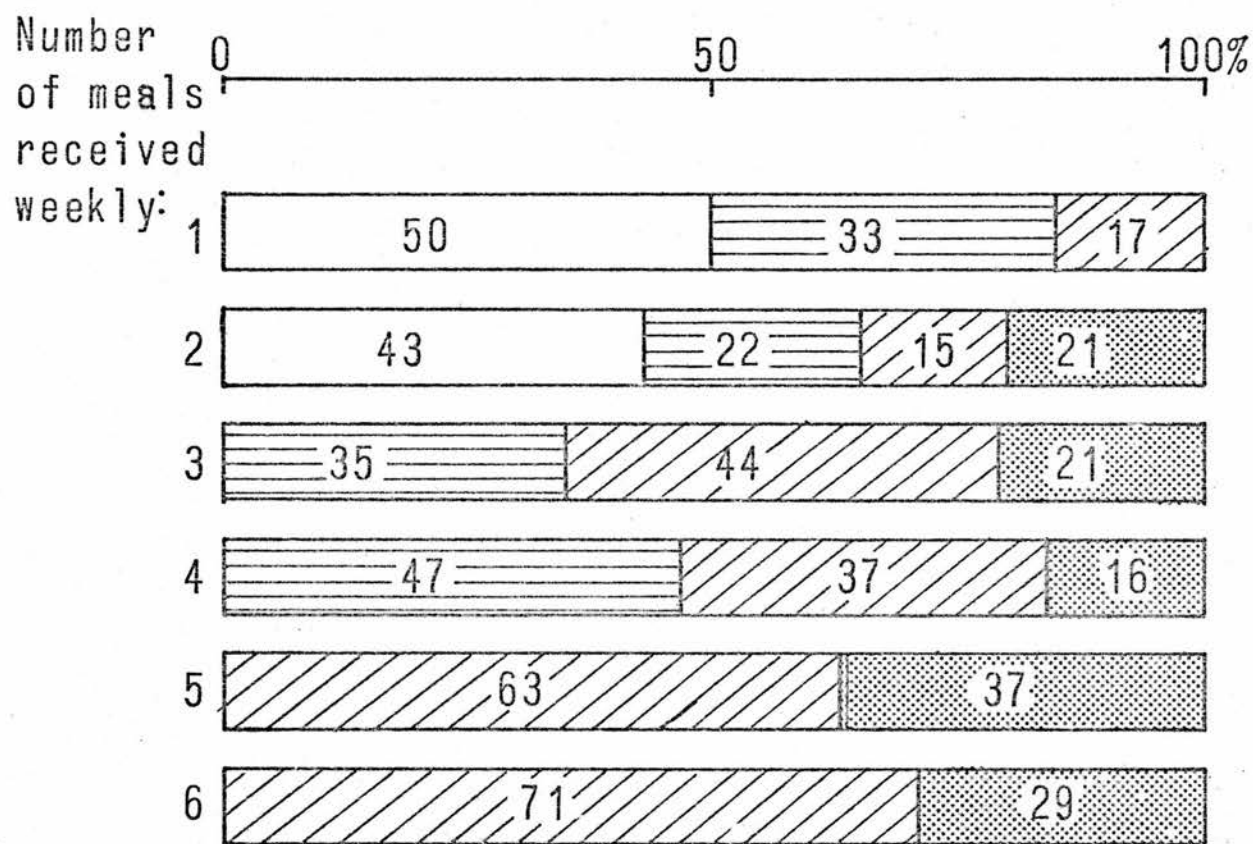
However, if we examine the kind of expansion of the service that would be required on the basis of the wishes of current recipients, it is evident that an expansion of around a third is required on most delivery days, although this is much increased at weekends and makes an overall increase of 54.2 per cent in the provision rate necessary if recipients wishes for meals are to be met (Table 12.1). The recipient's wishes complement the present pattern of provision. They would like to rectify the mid-week and weekend lull in delivery. It is a predictable reaction to the present service.

How reasonable is this wish to have meals more often? How does it relate to what is being received? Figure 12.1 demonstrates the relationship between the wish for more meals and the number of meals actually received. It is clear that as frequency of meals delivery increases, so the wish for more frequent provision decreases. However, if we examine the actual number of meals received each week in relation to the total number of all meals wanted, it can be seen that the number of meals required is associated with the actual

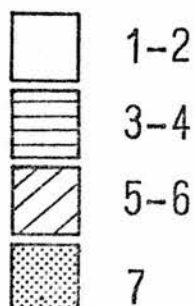
Fig. 12.2

Meals on wheels:

number of meals wanted in relation to the
number actually received.



Number of meals wanted:



frequency of delivery. Thus, respondents who receive one meal a week do not think in terms of a seven day service at all. Fewer than one in five wish for a five or six day service. On the other hand more than a third of those recipients who currently receive five meals a week would like to have seven. On the whole however, the wishes for increases are largely limited to an extra meal or two a week. This does not seem to constitute unreasonable demand. That it should be related to the number of meals actually received is not surprising (Figure 12.2).

Some national estimates










Evidence exists to suggest that a meals service provision rate of around 5 per cent of old age people would possibly cover need for meals on wheels (Townsend and Wedderburn, 1965). As the map shows, no area in Scotland reaches this figure although one large burgh approaches it (Figure 12.3). As we have seen, the central belt of Scotland and the Borders rank highest in coverage. If we apply the suggested 5 per cent rate to Scotland, the number of meals supplied would require very considerable expansion.

In 1971 the population aged sixty-five or more in Scotland numbered 624,855. Five per cent of this figure is 31,234. The weekly provision rate to provide meals to this 5 per cent or 31,234 old people is shown in Figure 12.4.

Figure 12.4/

Fig. 12.3

Meals on wheels: provision rates per 1000
retirement age population.

Rate	Counties	L.Burghs
None		
<1%		
1-2%		
2-3%		
3-3.5%...		
		(4+%)

All 4
cities

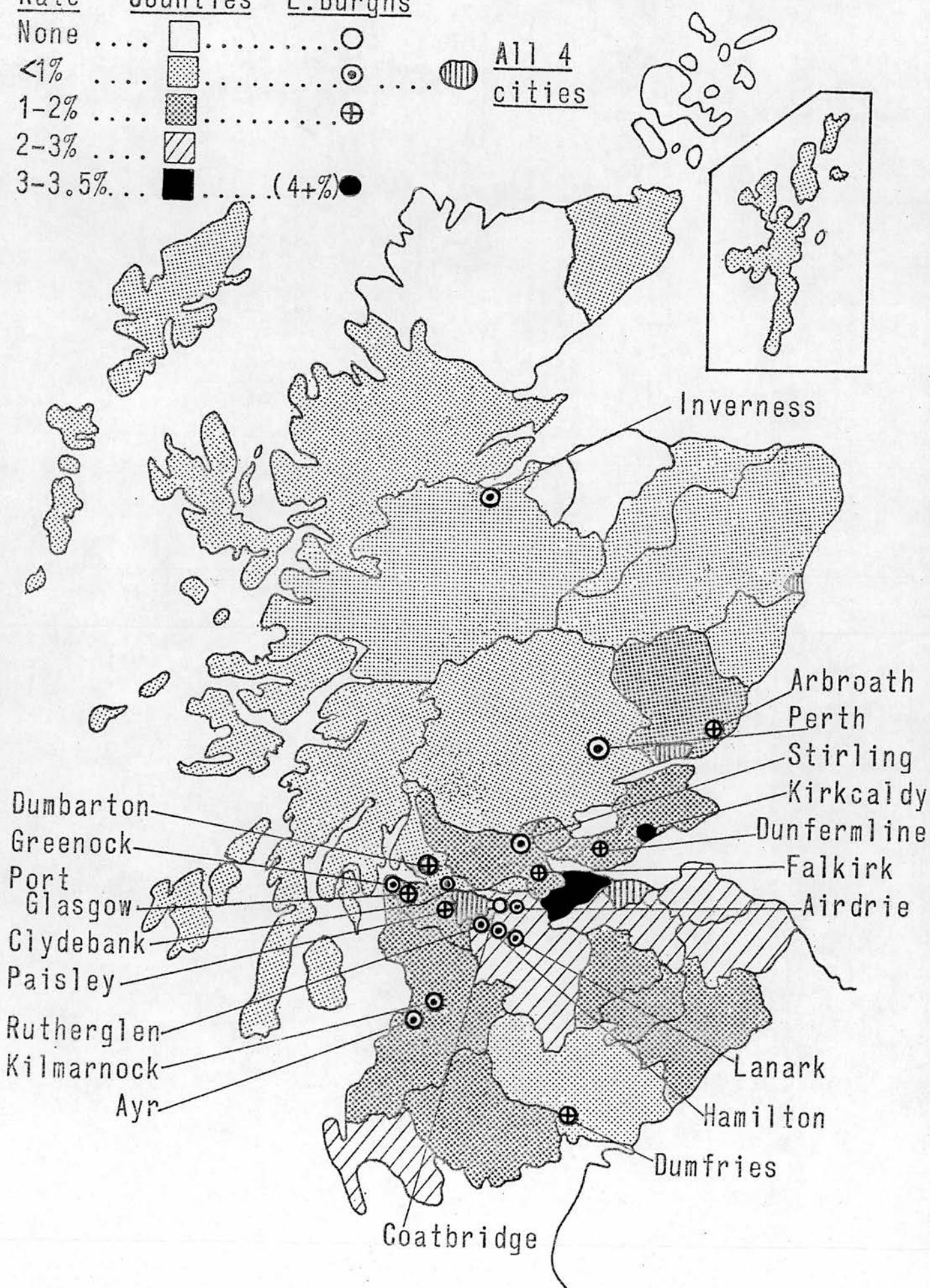


Figure 12.4

<u>Frequency to provide:</u>	<u>Required number of meals per week</u>
- 4 meals per week for 5% :	124,972'
- 7 meals per week for 5% :	218,701

Note: These figures take no account of the handicapped or of women in the 60-64 year age group. Thus 6,498,544 meals a year would be required in order to provide 5 per cent of the 65 year and over age group with four meals a week. Present provision is of the order of 988,000.

Even to provide the present sample of recipients with the basic minimum of four meals a week would require an increase of the order of 48 per cent. For them to receive a daily service would require an increase of 1640 meals a week, an expansion of 159 per cent.

Alternative means of expansion

It would seem then that radical review and action is necessary if delivery service expansion is to be productive for its elderly clients. One avenue which has to be investigated in any rational examination of meals services is the potential contribution of other agencies. How far could or do they complement each other?

The most obvious alternative to the delivered meal is the meal obtained at a club. The fact that most old people who attend clubs have to be able to travel or walk to the lunch club centre excludes those who are housebound or bedridden. Unless the club

is fortunate enough to have some form of passenger transport available, its membership tends to be restricted to the physically active. However, there are degrees of handicap and restrictions on physical competence can be seasonal.

Of the 383 meals on wheels recipients in our sample, 205 claim that they could get out in winter conditions. Some of these will be restricted to excursions to nearby shops and are unlikely to be able to travel any great distance unaided. Some, physically able, will be deterred by bad weather conditions. Even taking these factors into consideration, it would seem that there might be a certain number of old people, currently served by the meals on wheels service, who might benefit from going to a lunch club.

Indeed, one of the main findings of these surveys is that a tenth of meals on wheels recipients would actually prefer to attend lunch clubs. This ratio increases to one in eight if those who say they 'really don't mind which service they have are included. If the characteristics of would-be lunch club members are examined a fairly well-defined and predictable profile emerges. It would seem that the present younger, more mobile, meals on wheels recipients living alone and drawn particularly from more rural areas, would present themselves as candidates for lunch clubs given locally available facilities and the opportunity of taking advantage of them.

Here perhaps is a means not only of reducing the numerical pressure on the delivery services but also of allowing some consumer choice and much wider opportunities for social contact in a setting

outside the home. This could be achieved in some areas without having to establish more clubs, for about four in ten of the interviewed meals on wheels organisers report the existence of local lunch clubs. Indeed, eightyone of the ninety lunch club organisers, replying to the postal survey, report that meals on wheels schemes operate locally. One in three meals on wheels organisers who were interviewed report that they are also involved in the organisation of a local lunch club. There is then the possibility of recipient exchange between the services - both being available - and the administrative advantage of having a substantial minority of organisers who know both groups of recipients and who are in a position to make appropriate arrangements without too much 'red tape'. However, exchanges of this kind are rare. Unfortunately the use of lunch clubs as an alternative to delivered meals for some recipients was not included in these investigations. The possibility of exchange - even on a seasonal basis - was raised by recipients of both services in the course of this survey. Presumably part of the reason for exchange being so uncommon is administrative convenience. In our experience book-keeping at a local level is fairly rudimentary. Certainly the lists of current recipients which were provided for sampling and subsequent interview were often out of date. A mobile sub-group of recipients would unquestionably make the clerical aspects even more complex. Another possible reason for lack of exchange might be that recipients are thought to be appropriately served already. In effect, organisers feel that recipients need to have a meal delivered to them. However, a substantial minority of interviewed organisers would not agree. Four in ten say they have recipients who could

manage without the delivery service, mostly people who are sufficiently active to be able to prepare a meal and provide for themselves or who can cook but can't be bothered to prepare a meal. These judgements may not be wholly reliable but would seem to indicate that some recipients could very well be catered for by different means. It is possible that organisers feel about exchanges as they do about need. Only one in twenty interviewed organisers claim any regular review of need among recipients. Twice as many have none, even with a waiting list, largely because of their reluctance to stop a meal once it has been given and becomes part of an old person's pattern of life. This reflects what seems to be a fairly popular concept about old people's attitudes towards change. That is to say, they do not like it. Clearly, the abrupt discontinuation of meals on wheels would upset recipients, but there is implicit in some organisers attitudes the feeling that discussion of alternatives with the elderly is to be avoided because they might become 'unsettled' or 'distressed'. This kind of opinion was voiced at the outset of these surveys by a small number of people. Fortunately their fears turned out to be ill-founded. The recipients were, if not active, certainly vocal and gave every appearance of enjoying the opportunity to discuss themselves and the meals services. Much, of course, depends on the way they are approached. Certainly the means of delivering social care requires more consideration generally.

It seems evident then that the present meals services could

be used in a more rational way - in particular, pressure on the meals on wheels service could be eased by considering the use of alternative sources of meals supply. Lunch clubs constitute one possible option. A formal club structure is not necessary, as experience in some areas has proved. These are places where luncheon voucher schemes are in operation.

Voucher schemes

The luncheon voucher scheme is particularly well developed on the west coast and seems to be highly popular with recipients. It may replace lunch clubs (an all-embracing term for a variety of institutions) in some areas because it caters for mobile recipients. It undoubtedly represents a potential alternative source of meals for a minority of meals on wheels service recipients. Quite simply, the scheme enables small groups of old people to obtain meals at local hotels or cafes by presenting a ticket or voucher in return for a meal. Tickets may be bought by the book from a meals organiser, and each meal normally costs about the same as one which is delivered. Tickets collected by the hotel or cafe proprietors are handed in to the local authority for refund of the agreed cost of the meals. The local authority of course meets the deficit between the amount of money paid by the recipient for the voucher tickets and the charge made by hotel or cafe proprietors. It is a scheme which seems to work well. The recipients go along in small groups and occupy tables like any other members of the general public. The menus tend to be the same as those offered to other customers, which means that

there is usually a choice of food. Unlike some clubs the scheme does not provide facilities other than meals but it is none the less a popular scheme. Recipients provide little support for the adverse criticisms made by some local authority officials: "I think the trouble with the voucher scheme is getting people to go. They really prefer to eat in their own homes. They would think that a hotel was too posh. They would have to dress and be bothered." Such evidence as exists seems to point in the opposite direction.

There are political overtones to opposition to the scheme too. At least one officer describes the refusal of his council to relieve pressure on the delivery service by means of a voucher scheme as being the result of their reluctance to subsidise, or to be seen to be subsidising, private enterprise out of public funds.

Other alternatives

It must be admitted that the alternative means of meals provision considered so far are exploitable by only a minority of those who are presently having meals delivered. The larger number of meals on wheels recipients need food prepared and/or served in the home. Their inability to go shopping or to cook regularly is the main obstacle of self care. The fact that many of the current recipients would welcome a supplementary food service - in particular the delivery of milk and eggs and other food supplements - has already been discussed. Could meals be delivered more cheaply or more frequently by other means than those already in existence?

Frozen meals

One local authority officer outlined his own ideal: "I look forward to the day when all old people will have 'fridges and seven frozen meals and I'd like to get them, if I can, to cook for themselves." Is this such an impractical idea? At the time of his interview this officer clearly thought it was. The implications of the scheme gave rise to all kinds of speculations about its financial viability. This may explain the marked reluctance of local authorities to interest themselves in this kind of provision. An Economist Intelligence Unit's recently completed study of the comparative costs of delivered hot meals with variants of a delivered frozen meal service scheme provides information previously lacking. Two possible schemes are considered. One involves the provision of a refrigerator and once weekly delivery of seven meals to recipients' homes (this is exactly what one welfare officer envisaged); the other scheme relies on a 'street warden' or 'good neighbour' who would be responsible for distributing meals from a large deep freeze to nearby old people. (In both cases it would be necessary to ensure that the recipient had appropriate cooking facilities.) These schemes would seem to be cheaper than the cost of extending the present service on a paid basis. (Seagrave, private communication). Obviously they could only be exploited by those old people who are functionally competent in the home, but quite a large number of present recipients fall within this group.

At the moment there is only one formal alternative agency

already in existence for providing meals for the less active recipients of the delivery service in their own homes. It is the Home Help Service.

Home Help Service

Like the meals on wheels service itself, the home help service is under considerable pressure, largely occasioned by staff shortages. Local authority officers' opinions of the adequacy of their home help services range from complete satisfaction (very much a minority viewpoint) to the officer who says: "The Public Health Department runs what is loosely termed a Home Help department. If they find anyone needing help, they get a local housewife to do the work. To be honest - it's pretty abysmal." The two officials claiming 'very adequate' coverage are found in the Crofting and Borders regions. In the former area the Medical Officer in charge of health and welfare services is not aware of how many or how frequently clients receive home help assistance, nor for how long each day. He says too that "some villages are populated by all elderly people" and that these "often are not covered". The other Borders officer supplies help on an average of three days a week and for two hours each day. This service, the officer claims, is "one of the best in the country". It seems likely that these services would not be so favourably judged by others. Certainly most housewives would have difficulty performing all their domestic duties in six hours a week. From the findings of this and other studies then (Hunt, A. 1970; Harris, 1968)

it is apparent that there are clear variations in rates of domestic help provision, its quality and efficacy.

However, some local authority officers regard the home help service as the most appropriate means of meals provision for old people. In a sense this may be because Home Helps are usually housewives who are accustomed to caring for families, and in particular are thought to be experienced domestic caterers. The home help's job then is regarded as an extension of her personal domestic duties which, it is assumed, she performs in an efficient, interested and capable manner. This may not necessarily be true. Unfortunately there seems to be little in the way of monitoring of the system or of quality control. So it is that almost all the survey local authorities (91 per cent) say that home helps are expected to purchase, prepare and cook food for service recipients. However, in over two-thirds of the services home helps are not given any particular instructions about clients' needs. In a further fifth, home helps are simply instructed to "do whatever is necessary". As one North Eastern county official says: "We live in a close community. We do not employ full-time home helps... We never ask a stranger to go into an old person's home. Both parties are known to each other, so we never need to tell a home help what to do... The ultimate responsibility at the end of the day is with the old person". There is then considerable scope for independent action by home helps. One city department Supervisor feels that "to instruct home helps would insult them" and that she

and her more senior colleagues "are really only here for reference, help and advice... I leave a great deal to the home help". This argument might be tenable if home helps were formally instructed in the particular needs and methods of care of old people. They rarely are. In the authority quoted above the supervisor gives "an induction talk in which I cover things like nutriment and keeping the old person clean and dry" but "there is no training".

It may be that the home help service can function to its greatest effect without specific training courses, although it seems unlikely in those areas where "G.P.'s tend to seek for something more than a home help and less than a district nurse on occasions, especially when hospital admission is delayed". Even if the quality of home help service is adequate, it is unlikely that it can be in quantitative terms. In an undermanned service only the most disabled will receive daily attendance, and then many may just receive two or three hours daily. The remainder may only have an home help once or twice a week for a couple of hours or so. It is difficult to see how, in this time, a home help can shop, prepare and cook a meal and clean even one room thoroughly. Among old people themselves, there seems to be a preference for a clean and tidy house, rather than for a meal.

Some basic considerations for service provision

It seems then that while alternatives to the meals on wheels service exist, most are unlikely to be welcomed by local authorities

because of their cost or because they impose undue stress on already stretched services. There is no doubt that the meals services themselves could be better co-ordinated. This would probably enable more meals to be delivered to those who really need them, while at the same time allowing non-housebound delivery recipients the opportunity to meet and eat with their peers.

Certainly the use of voluntary workers saves public money in that they work for nothing and often donate essential resources such as the use of cars, food and fuel which would otherwise increase meals services cost. As one local authority official says: "I love all volunteers - they do so much for nothing." As we have seen, some local authority officials do not consider financial saving as the sole advantage of using voluntary help. They believe that both servers and served benefit from participating in community service of this kind. One city local government official sums up the advantages of having voluntary help in this way: "It's a sad day when we lose voluntary help. The day when we become state-ridden will be very sad. People are still prepared to help others and the recipients appreciate it. I'm very biased. In the public assistance days I knew everyone. Nowadays everything is so impersonal and the voluntary services give personal contact and touch that the local authority couldn't have. They're more kindly." However, as we have also seen, others disagree: "We have in fact a lot of Lady Bountifuls operating in this county and we rely on them because we have no staff to do otherwise." Or: "The ladies in the - and the - are filling in time. Their attitude may make

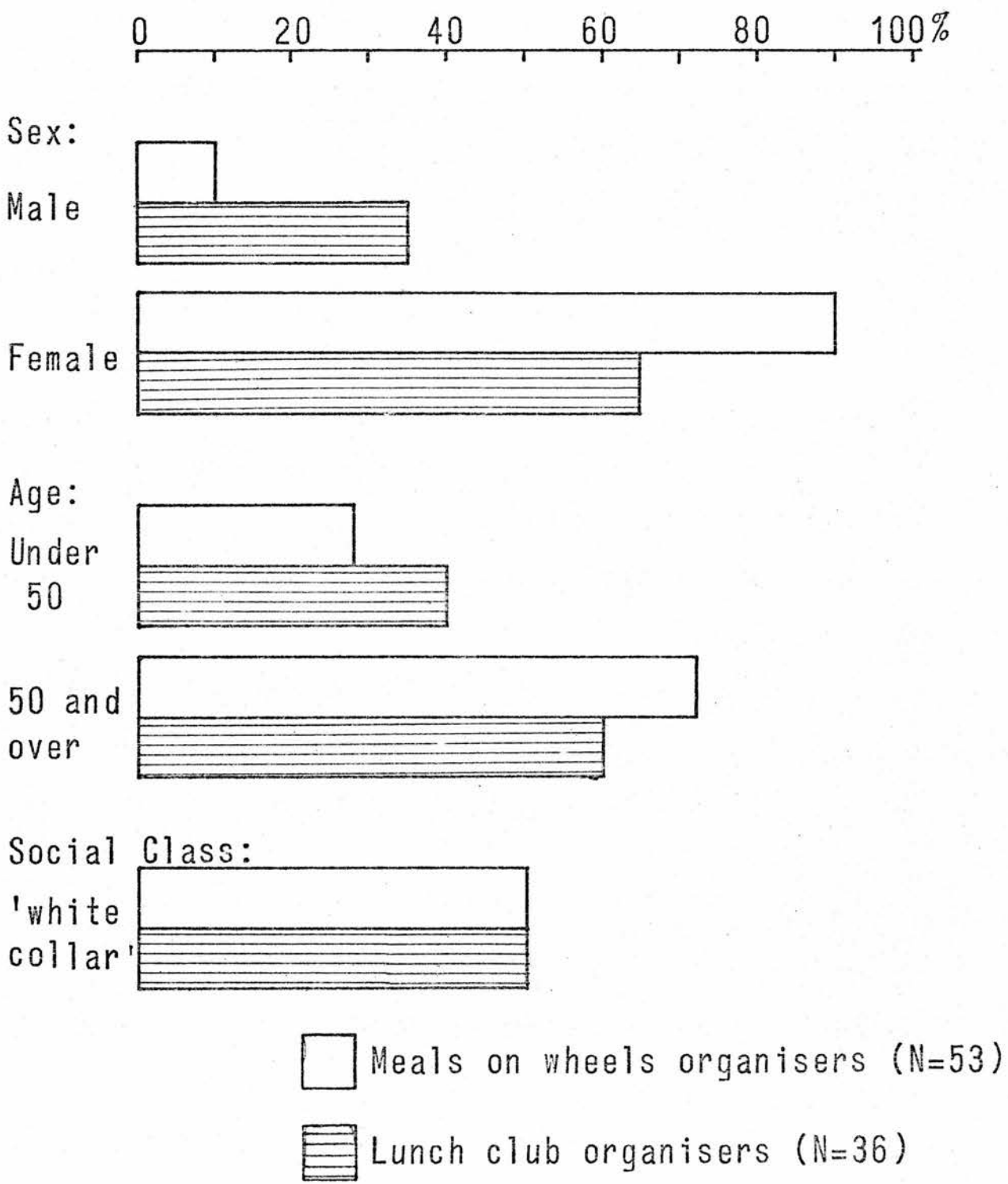
the service a charity because they are from a different part of the community and they can't communicate with old people." Both of these officers run services which are heavily dependent on voluntary organisers and helpers. Their situation is typical of that found in Britain generally. As the basis of social service provision widens, so the problem of acquiring professionally trained personnel becomes more acute. There remains considerable areas where voluntary effort underpins services of all kinds. It is perhaps pertinent here to examine briefly what is known about voluntary organisers. From which sections of society are they drawn; what is their education and training; how do they become involved in voluntary work? Is there any basis in fact for some of the comments made about them?

The voluntary organisers

When the question of 'who are the volunteers' was asked by the Aves Committee investigating the place of the voluntary worker in the social services, they concluded that the commonly held view of volunteers as being middle-aged, middle-class and female had some basis in fact, although deviations from the mean exist in terms of age and sex in some areas (Aves, 1969). There is no information relating to all voluntary workers in the meals services although from observation it is clear that helpers are drawn from all sections of society. Young boys and girls cook and deliver meals in some areas and old age pensioners do so in others. Such information as is available from these surveys concerns a specific group - the

Fig. 12.5

Some social characteristics of meals service organisers.



managerial class of the service - the meals services organisers. If it is assumed that the organiser interview samples are representative of the organisers of both services, it becomes clear that the voluntary organisers are indeed middle-aged, middle-class and female (Figure 12.5). Organisers are rather more likely to be drawn from white collar backgrounds and to be better educated than the general population. This is particularly true of delivery services organisers, almost half of whom were still attending school after their sixteenth birthdays and half of whom pursued further education courses of some kind. There are certain differences between delivery and club organisers. Club organisers are more likely than delivery organisers to be male, to have had a college or university training, and five times as likely to be organising a club as part of their paid duties (Appendix J).

Means of becoming service organisers

When asked to describe how they became organisers of meals services, about half of meals on wheels organisers (53 per cent) say that they were asked by someone else in the organisation to take the place of the retiring or deceased organiser. Only 4 (8 per cent) actually volunteered their services, while the same number describe their participation as the result of 'press-ganging' by friends or as one says, "the doctor drafted me into the job". For others control of the local meals service constituted an extension of other paid or voluntary work. It would seem then that this work is not something which is actively sought by organisers. Indeed,

two organisers report that they just found themselves in charge because no-one else would take it on. In spite of this, well over half of the organisers have been in charge of their areas for at least three years and clearly most organisers enjoy or, at least, get satisfaction from their work.

Reasons for doing voluntary work

No matter how they were persuaded to undertake their current commitment, what was it that originally attracted organisers to voluntary work? Most organisers have been doing some kind of voluntary work for lengthy periods. Over half have been engaged in voluntary service for a minimum of six years while for a third of delivery organisers and over half of club organisers the period is in excess of ten years.

Undoubtedly people's motivations for undertaking this, as with any other work, will differ, but concern for people's welfare and the wish to do something "worthwhile" ranks high in the list of reasons offered by organisers in explanation of their voluntary role. It is quoted by one organiser in three, and is closely followed by those claiming a particular interest in old people (19 per cent). There are also less altruistic reasons for joining which organisers readily admit. Thus a fifth of delivery organisers say they found themselves with time on their hands and little to do with it and so turned to voluntary work, while for others it provides the opportunity to get out of the house and

meet people. A quarter of the organisers are uncertain about why they took up voluntary service, saying that having been asked by others to lend a hand they had agreed and later became interested and involved in their work.

It is clear then that voluntary work in general, and the meals services in particular, provides not only for the needs of the served but also for those of servers. Voluntary workers, like many in other fields, use their work in order to fulfil some conscious or unconscious personal need.

Organisational structures and relationships

No matter what the personal motivations for engaging in voluntary work, the fact remains that the system through and by which voluntary effort is channelled has a direct and substantial effect on the quality of the service provided, and on the satisfaction obtained by workers and clients alike. It may be that some kinds of voluntary activities are able to function without the establishment of a formal system. Undoubtedly some voluntary workers react with distaste towards what they regard as regimentation. However, there is a stage in the development of any service when informality in structure should give way to a degree of formalization in order that management may operate to achieve greatest efficiency and effectiveness. The local organisers, and in the case of the W.R.V.S., their county and divisional organisers, constitute the management structure of the meals services.

The Aves Report identifies the main functions of management in voluntary service as encompassing the identification of those areas where help is required and the allocation of volunteers "to places where they are needed and to work which is suitable for them"; as ensuring that volunteers receive appropriate training and in seeing too that they also receive professional help if required; in maintaining standards; in arranging meetings with others working in the same service and informing staff generally about conditions of work and the day to day arrangements.

These functions merit different emphasis depending on the service provided, and their relevance will vary according to what is considered appropriate in individual or local circumstances. However, they have a degree of general applicability and it may be worth examining the functions determined by the Aves Committee in relation to the meals services.

Areas of need and allocation of help

The first function of discovering where voluntary help is needed and allocating volunteers to meet those needs requires both a kind of knowledge and resources which are not commonly available in meals service organisations. To perform this function organisers require both information and resources. Data on areas of need are not yet locally available and organisations themselves are not geared to meet the requirements of systematic enquiry. The overwhelming majority of organisers reject the idea of local unmet need,

few organisers are actively seeking out potential needy recipients, and a substantial minority are suffering chronic staffing shortages which make choice in allocation of voluntary help to particular jobs difficult and sometimes impossible.

Training and professional help

The question of training voluntary helpers in the meals services was not included as part of these enquiries. Certainly it has been assumed that the organisation of meals provision and delivery is something which almost any willing and concerned individual could undertake without too much trouble and without formal training. The fact that few of the interviewed organisers report any difficulties in starting local meals services would seem to indicate that the task lay well within their capacities. However, as we have seen, the organisers of the service do not regard its function as being restricted to the delivery of meals: a large majority (8:10) of delivery organisers believe that the helpers act as 'watchdogs' over the welfare of their clients, while a third also point out that helpers constitute a source of advice and guidance for old people. If these are indeed valid functions of the service, then it is here that training would be advantageous. Although nine in ten meals on wheels recipients say that they have never approached a helper for advice, for many old people the meals helper may be one of a very few regular callers. Undoubtedly helpers could exploit this situation given time and necessary knowledge about particular areas of information and advice. They would, as it were, constitute

mobile social watchdogs and advisors involved in a standard report-back network, providing that adequate time could be made available. Visitation schemes are not closely associated with the meals services - about one interviewed organiser in three claims that some recipients are regularly visited by meals service personnel, but most receive visits at intervals of four weeks or more, hardly sufficient for keeping an high-risk population under observation. Among organisers themselves fewer than one in ten see their recipients more than once a fortnight, and then not all of them. It is not possible for meals service personnel to spend much time chatting with recipients in the course of delivery rounds. Pressure to deliver meals to others is too great. However, the social contact and advisory role function is highly rated by many organisers. There is then conflict between theory and practice. This is not to say that theory could not be put into practice. To do this however, would necessitate reorganisation of the present system. The fact that organisers claim social contact as a beneficial side-product of meals deliveries indicates that they themselves see this as a need among the elderly. The question remains of how far this need is currently being met and in what ways the system could be made more effective. Some form of training would undoubtedly aid helpers in performing their wider social role more effectively. Local authority officers' fears for the future of the meals services based on the continued use of voluntary helpers has already been discussed. It is lack of insight into old people's needs which seems to occasion most concern. Education and training are necessary "to let them (voluntary helpers) realise how and why they should do more to meet the need than they

are perhaps doing". Other officers worry that volunteers lack professional attitudes towards clients, particularly with respect to ethics and questions of confidentiality. However, there seems to be little regular involvement of the majority of organisers with the professionally trained members of the caring services. Such contact as exists is largely on account of recipient selection and is generally informal in nature. A very small minority of officers do hold one-day conferences and training courses covering problems and means of care of the aged. One officer holds training courses because with no trained staff available he has to use whatever resources are available. However, since he is asking volunteers to fulfil a professional role to, as far as possible, professional standards, he believes that they have both needs and rights to advice and gentle direction. He is not typical.

The maintenance of standards

The third function of management in voluntary service outlined by Aves is maintenance of standards. There is an implication here that voluntary service usually operates on the basis of commonly agreed standards. This is not true of the meals services. To take an obvious example, is the standard frequency for meals provision to be the current modal one of two meals a week or is it to be the four meal standard recommended by nutritionists? By what standards are the meals services found in different areas to be judged?

About one in three interviewed organisers claim to have submitted a complaint about the quality of food delivered to recipients. Of this group only half report any successful outcome. A fifth say that their complaints had little or no effect, while a tenth were informed that they had no authority to complain: "The meals only cost 1/- (5p) so what do you expect?" Lack of authority in management will fundamentally affect the ability of organisers in the maintenance of whatever standards they adopt.

Communication with others involved in the services

The final main function of voluntary management lies in the establishment and maintenance of effective communications.

Objectives, functions and standards are closely inter-related in the context of social service provision. Some indication that they are ill-defined or at least subject to different interpretations in the context of the meals service has been given. There are many reasons for this situation. Not least is the ad hoc nature of the development of the service which has encouraged the present major problem of inadequate interagency communication. In general there seems to be insufficient contact both within and between organising agencies and with the local authorities who are now ultimately responsible for the service. When interviewed organisers who belonged to the W.R.V.S. are asked how frequently they see their divisional organisers, 28 per cent say less than once a month, while 38 per cent never see them or put the frequency

at less than once a year. This in itself is not surprising since the divisional organisers are also voluntary workers responsible for a wide range of activities in their areas of which the meals service is only a part. The organisation too operates on a somewhat less hierarchical basis than is found in industry, commerce or government. There is no element of compulsion in the voluntary service. Organisers and Divisional Organisers may cajole or persuade, but never overtly demand set standards of service. However, even opportunities for informal contact of this kind would seem to be rather few and to take place at periodic conferences where discussion is almost inevitably limited to general aspects of the service, rather than to particular and localised problem areas.

If contact with senior representatives of the organising agency are necessarily limited, what of contact with the local authority? The picture here is somewhat different and again is as might be expected. There is a fairly even division between those organisers who say they have little or no contact with local authorities (49 per cent) and those who say their contact is frequent or quite frequent (44 per cent). Overall, almost two-thirds of all organisers have either no contact or else communicate with the local authority at intervals of once monthly or less often.

When asked which local authority officials they communicate with and why, most organisers say their contacts are with what are

now social work departments. Reasons for contact are shown in Figure 12.6.

Figure 12.6

Reasons for contact between voluntary organisers
and local authority officials

Reasons	Meals on wheels organisers (N=53)	Lunch club organisers (N=36)
	%	%
Finance	47	50
Recipient selection	45	22
Meals	8	14
Other - management	8	8
- recipients' needs	30	17
No contact	49	31

It is apparent that the most frequent cause for contact between local government and voluntary personnel is for administrative purposes. In effect, this contact is concerned with payments, discussion about the choice of recipients and about problems of organisation and voluntary personnel. However, almost a third of meals on wheels organisers who have contact with the local authority claim to take advantage of the opportunity to discuss personal difficulties of individual recipients.

These are of course all valid and necessary topics for discussion. However, the liaison is not used, as far as we can

discover, for the purpose of evaluation of the service provided. Part of the responsibility for this situation lies with the local authorities and their attitudes to the service, and to the people upon whom the day to day responsibility for management rests.

The standards of the meals service merit more open discussion in all areas. Fears exist that close scrutiny by both professional and lay workers will somehow affect the quality of voluntary work: "Our only concern is lest for administrative convenience and tidiness the official and professional partner should seek to lessen the authority and responsibility of the voluntary partner, and should be so unimaginative as to try and make him work in complete conformity with accepted official practice. By doing so he would destroy his greatest quality" (Trevelyan, 1952). In evidence to the Aves Committee one professional social work association reported that "Voluntary workers should be seen as part of an overall social work plan, not as a stop gap for lack of trained workers. They are the manifestation of the total community's care for the 'socially disabled'. They keep concern alive in the community so that it does not become solely the province of professional workers" (Aves, 1969). These viewpoints are reconcilable. There is no doubt at all that the social services in general, and the Meals Services in particular are greatly indebted to the voluntary organisations and could not function without their aid. The rightness of this situation may be argued but its existence must be recognised. It is unlikely that many community services could continue without voluntary effort, and

for the most part this applies to meals services in Scotland. Closer relationships between the various parts of service management might well generate both greater enthusiasm and efficiency. Training of volunteers should not destroy the "warmth and goodwill" which officials say they value in voluntary workers. After all, members of social work departments are largely "trained". It is possibly inevitable that bogies will be raised among voluntary organisations by words like 'bureaucratic control' or even 'professional practice'. Certainly if the meals services are to act as anything more than a cursory 'watchdog', sensitive only to the grosser signs of physical or social malfunction, if they are to be an effective agent of social care, then, at the very least, more frequent contact and discussion with those members of the social services who are formally responsible for service provision is called for.

Of course, in order that any debate may take place there must be some agreement concerning the function of the services and the intended voluntary contribution. As far as the meals services are concerned this means viewing them alongside complementary services, thereby seeking co-ordination and rationalization of the scarce resources which are to hand. Among the scarce resources are the volunteers. "Unless a service has some real plan for using voluntary help, and some person responsible for seeing that it is used to advantage, there will continue to be a risk of unnecessary wastage of volunteers, of avoidable dissatisfaction

and frustration, and fears of increasing rather than reducing the pressure on paid staff. The result is likely to be failure to obtain real benefit from what should be a valuable asset". (Aves, 1969).

The evaluation of service need

Inequalities in service provision have been documented and some of the factors underlying their existence discussed. Whatever the cause, and part is surely due to the ad hoc nature of the development of the services, it is a situation which should not be allowed continuance. There is still no common agreement about standards of service. Chances of receiving meals services, like many others, still vary with place. It may be that reorganisation of social services and local government have delayed or discouraged the development of any kind of monitoring system of the needs of old people. Some authorities, fortunate enough to have a nucleus of research staff, have initiated or even completed prevalence studies of the handicapped. (However, as far as we know there is no evidence of the actual benefits that have resulted to old people from the passing of the Chronically Sick and Disabled Persons Act.) Others have already completed parallel specific studies of the needs of old people, e.g. London Borough of Greenwich, Tower Hamlets. This pattern of research into the needs of particular groups in local areas is a necessary foundation for monitoring present and planning future services. National estimates of needs, applied on a local area basis, are not appropriate.

Research is developing along the lines of establishing 'objective' criteria for the determination of both condition and degree of need. As we have seen attention has been directed latterly towards the establishment of scales of functional competence, reflecting individuals' capacities for self-care (Townsend, Jefferys, Shanas, Harris op.cit.,). Other researchers into the problems and service needs of the elderly have adopted different approaches. In his survey of admissions to a Glasgow geriatric unit, Isaacs uses the concept of Insufficient Basic Care (based on lack of food, warmth, cleanliness and safety) to judge unmet need. He says of the group who received insufficient care: "These cases represented a partial or total breakdown of the system for providing for the weak and needy" (Isaacs, 1972).

Part of the problem of dealing with the needy is that many have not been identified. To remedy this Meacher suggests that 'at risk' registers of old people should be established containing all those who are severely handicapped, i.e. scoring 7 points or more on a 0 - 12 point scale (Townsend); the mentally infirm, e.g. as defined by the Tooting Bec scale of cognitive impairment or on a social maladaptation scale; the socially isolated, i.e. those with fewer than five social contacts a week; and the extreme aged, i.e. those aged 85 and over. These five categories cover an estimated 20 per cent of all old people. Of course, they are arbitrary. Most commentators agree that age, isolation and physical and/or mental handicap make a substantial contribution to need among the elderly. Some would not subscribe to all of

the demarcation lines drawn by Meacher. Certainly there is evidence to suggest that general deterioration commences at an age a decade or so sooner than the one he proposes. However, his objective is to encourage the establishment of screening procedures as standard practice. The fine mesh of the screening net could undoubtedly be enlarged to include other groups as local circumstances allowed, e.g. the recently bereaved.

Sumner's research with Randal Smith on the way local authorities plan - or do not plan - for their elderly populations highlights the relative importance of lack of adequate information services, the multiplicity of service agencies involved in making or maintaining provision, and the overall lack of resources. Planning often requires difficult decisions to be made between competing groups or projects. Inevitably, it is concerned with decisions about priority. The processes involved in decision making of this kind merit more attention and precise formulation than has perhaps been given in the past. Bradshaw's taxonomy of social need is a step in the direction of making more explicit the factors which may affect the decision making process. By taking separate definitions of need - normative need, felt need, expressed need and comparative need - he produces a 12 point scale which can be applied at both individual and service levels to help assess the relative urgency of need and therefore priority (Bradshaw, 1972). The interesting aspect of Bradshaw's work is the inclusion in his taxonomy of the indices of felt and expressed need, in addition to the more usual use of expressions of normative and comparative need. The disadvantages of planning

services on the basis of felt or expressed need are too well known to be enumerated here, but clearly this principle has been disregarded in practice in some areas, not least in the field of meals service provision. Felt need has been used in studies of the elderly. As an index it suffers from the fact that people, judged by other measures to be in need, too frequently deny the existence of their needs through ignorance of what is available, or could be done for them or through misplaced feelings of independence. Conversely there are those, not in need by other assessments, who maintain that they require help from the supportive services. Waiting lists may consist of people judged to require services on the basis of normative or expressed need. The unreliability of waiting lists as measures of unmet need has already been discussed. Bradshaw attempts to integrate all those definitions or approaches to the elucidation of need which, used singly in the past, have met with something less than total success. However, as he points out, the policy-maker is still faced with the complex decisions about which categories of need should be given priority, while the research worker, in order to provide the documentary evidence to allow the scale construction, has some difficult methodological problems to solve as well.

Future prospects

As Brown says "Planning in all its forms is still rudimentary in the welfare field. Simple planning can be regarded as an

attempt to ensure the development of services in a rational manner in order that recognised need can be met adequately" (Brown, 1972).

Investigations are not only required to elucidate the kind and size of local problems but to evaluate too how best scarce resources can be most effectively utilized. A compelling need now is for more overall examinations of the role and function of domiciliary services so that they may most effectively develop.

Valuable evidence has been gathered about the workings of particular services but there has been a tendency so far to concentrate on 'organisation and method' aspects, deflecting attention from more basic questions of role and function. The fact that in many areas old people's services are sparse has encouraged this piecemeal rather than holistic approach to consumer needs and a too-common acceptance of the present anomalies in service provision at local levels. Clearly it is essential to know about shortfalls in service coverage and quality. However, the enumeration of 'service by service' inadequacies may mean that the supportive network, of which each service is just part, remains unexamined. It is awareness of this kind of situation which has led to concern about the effectiveness of the social services in terms of their suitability, appropriateness, and their ability to meet, in an integrated fashion, the individual needs of old people. If we are seriously concerned with the wider needs of individuals then service provision on a professionally co-operative basis must be mandatory. But for co-operation to be

effective in meeting individual need questions about means of assessing need, about the effectiveness of current provisions, about areas of possible service misconsumption and of potential alternatives have to be raised and answered. This kind of questioning is very relevant in any consideration of services concerning the elderly for they are fundamental to the discussion of possible expansion of service provision.

The fact that varying proportions of old people living in the same kind of conditions with comparable degrees of handicap receive support from none, one or several services has been a source of concern for some years. Part of the explanation for such discrepancies must lie partly in differences in the organisation of social services (this survey was undertaken before the passing of the Social Work (Scotland) Act); partly in local government perceptions of local priorities and consequent allocation of resources; partly in the use by professionals responsible for putting recipients on line for help from such services as exist; partly in the 'needy' groups themselves; and, perhaps most important, in differences in the amount and kind of investigative work undertaken in local authority areas. All of these factors have and do affect current provision and future planning.

Some of the organisational defects of meals services have been mentioned and it is clear that the meals services are not the only provisions to be judged inadequate on this score.

The problem of the organisation of services for old people - including the meals services - are not such as will be easily solved by the Social Work (Scotland) Act. While it may have placed influence and responsibility for welfare provision into the hands of people who are perhaps better trained and socially sensitive than their predecessors, it does nothing to ensure the especially co-operative and integrated provision so necessary for the old.

Of course the needs of the old do not fall solely in the welfare field. Another very real organisational problem requiring attention is the means by which the functional competence of the elderly may be maintained or prolonged, not only because such an aim is in the best interest of the old people themselves but also because health and personal social services are heavily overburdened in some areas; reappraisal of the aims and functions of such services as do exist can only act for the general good. For the elderly, the borderlines between health and personal social service provision are necessarily blurred. It is a group whose needs make professional demarcation lines obsolete since it is only by co-operative and integrated provision that many of the problems of old age may be alleviated or solved.

Of course poor organisation accounts for only a small part of the inadequacies which seem to characterise provision for old people. Part of the reason for their inadequacy lies in the

irregular and unsystematic way in which old people become their clients. Services are used not on the basis of need but on the basis of what is, or is thought to be, available at a particular point in time. This is aggravated in the meals services by the reliance of both local authority officers and voluntary organisers on doctors, district nurses, and health visitors both as sources of referral and as assessors of need for services. Doctors in particular are not always as familiar with social service provision as is generally assumed. There is no reason why they should be since social services are not emphasized - and sometimes not mentioned at all - during undergraduate medical training. Thus the position of link-man between clients and services which society has bestowed in particular on the family doctor may be ill-performed or outrightly rejected. Harris (1968) includes the reactions of local doctors to the meals services in her study of social welfare for the elderly. Her findings indicate a certain ignorance among doctors about the existence of the service and a fairly widespread consensus about its inadequacies in the fields of coverage, frequency and food standards. However, as she reports, some doctors do not refer clients because there is "little point in pushing things in short supply". One suspects that some kind of first-stage control is being imposed in the course of selection for many services by just such considerations. Allied to this are the feelings of local officers that general practitioners are not convinced of the value of some services to their patients and consequently may not bother to pass on recipients. Others believe that the variations in professional judgements of

need at individual levels fluctuate wildly. The total result is to substantiate the impression that all is not well with the present system. Coverage will not be adequate until detection methods are rationalised. Rationalising the methods of detection and referral is not by itself adequate unless criteria and methods of assessing need are standardised and agreed to. Research is urgently required to identify the spectrum of need among the old and to establish coherent service provision, bearing in mind the potential alternatives available in any one area.

This work could be simplified if national standards of recommended provision could be agreed and made explicit. Needless to say, monitoring of standards should be a basic part of the work of any local research group and would allow too, an element of accountability to be introduced into the pattern of service provision.

The consequences of the present system whereby some old people find themselves living in an area whose growth rate in terms of social service provision is stunted or even absent, and where the most basic services such as housing are inadequate, leads one almost inevitably to the conclusion that standards must be nationally determined and applied. As Sumner and Smith say: "It is hoped that the creation of a system of classifying needs according to nationally applied definition of allocating resources between local areas, and for working towards the setting of minimum standards related to the categories of need being met.

The methods by which they are met would vary, as indeed they often do now, according to what makes sense in local circumstances" (Summer and Smith, op.cit.,). This procedure would go a considerable way towards correcting the somewhat wayward and variable concepts of the constituents of need held by policy makers and service providers which lead to the maldistribution of supportive services.

The crux of the matter, at both national and local levels, is perhaps the effect that personal perception of need has on both current and planned provision. Inevitably, values and attitudes will differ, not only between the individuals who provide services but also between them and their clients, and discrepancies in value judgements will influence both the quality and quantity of provision and its acceptability to the potential recipient. The data from this study have highlighted differences in value judgements relating to estimated need and the influence which individuals may have on the quality and quantity of care. While there are clear differences in rates of meals service provision in Scotland, there are even greater variations, less amenable to quantification and difficult even to qualify, relating to the characteristics of those responsible for service provision. For example, it is difficult to explain why, in two very similar areas, services should show marked variations. One area local authority official 'runs' a service which is given no local authority support: "I've never been asked for anything"; which is completely organised and governed by a voluntary organisation: "I don't know anything

about it - I'm quite happy to leave it with the - (voluntary organisation) to deal with"; knows nothing about the home help service of which he is nominally in charge; says of the possibility of co-operation with colleagues' departments, viz., housing, "We don't need to co-operate with anyone else"; considers that meals should be provided daily for the handicapped aged and does not know why meals are only provided twice weekly in his area: "The organisers say that is all they are asked for". In a nearby area the services are heavily underwritten by the local authority; voluntary workers work in association with what is now the Social Work department; provision (in some parts reaches four meals weekly) is considered inadequate and much personal effort is spent by the local authority officer trying to expand the services. It is difficult not to believe that personal enthusiasm and interest (and probably determination) are not significant factors in explaining the present pattern of service provisions. Certainly mandatory minimum standards are probably necessary to offset the casual, if not cavalier, fashion in which the interests of the elderly are regarded in some areas.

The ultimate aim of community services for old people - and in particular the meals services and the Home Help service - is to support the elderly in their own homes for as long as possible. "Community care" is a cosy term, evocative of concern and total provision for those in need, but unfortunately the philosophy has proved more attractive than the practice as far as many of the aged are concerned. There is no doubt that most old people

would prefer to remain in familiar surroundings within the community, given that life there is supportable. Most people would agree that the elderly should remain in the community. If, however, community care is to be anything more than an empty catch-phrase, its weaknesses - already comprehensively listed - have to be remedied.

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T A B L E S

P R E F A C E

There are only a couple of hundred domiciliary meals services in Scotland and inevitably any breakdown or sub-grouping of services results in small numbers. Wherever possible results are expressed as percentages but these can be misleading and statistically unstable unless calculated from a sufficiently large denominator.

In the circumstances, all tables show the actual numbers included in the samples. Percentages are given, in brackets, only if the corresponding column or row totals equal 35 or more.

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TABLE 5.1

ORGANISATIONS RESPONSIBLE FOR THE MEALS ON WHEELS SERVICE IN RELATION TO CITY AND REGION

Organisation

City or region	Organisation						Total organisations
	W.R.V.S.	O.P.W.C.	Red Cross	Other Voluntary	Local Authority	N (%)	
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N
<u>Cities:</u> Aberdeen, Glasgow, Edinburgh and Dundee	4	0	0	0	0		4
<u>Regions:</u> Crofting	10	1	0	3	1		15
North East	27 (77)	5 (14)	0 (0)	3 (8)	0 (0)		35
Borders	29 (83)	4 (11)	1 (3)	0 (0)	1 (3)		35
West Central	40 (71)	12 (21)	3 (5)	1 (2)	0 (0)		56
East Central	60 (82)	11 (15)	0 (0)	1 (1)	1 (1)		73
TOTAL: all cities and regions	170 (78)	33 (15)	4 (2)	8 (4)	3 (1)		218

TABLE 5.2

SIZE OF MEALS ON WHEELS SERVICE CENTRES IN RELATION TO CITY AND REGION

Membership of centre

City or region population (in 1000's)	Fewer than 30 Recipients			30 < 60 Recipients		More than 60 Recipients		Unknown	Totals
	N	(%)		N	(%)	N	(%)		
Cities: Aberdeen, Edinburgh, Glasgow and Dundee (>100)	0			0		4		N	(%)
Regions: Crofting (20 < 50) (under 20)	0			1		0		0	
Total	14			0		0		0	
North East (20 < 50) (under 20)	0			2		0		0	
Total	29			3		0		1	
Borders (20 < 50) (under 20)	29	(83)		5	(14)	0	(0)	1	(3)
Total	29			1		0		0	
West Central (50 < 100) (20 < 50) (under 20)	0			2		1		1	
Total	28	(50)		20	(36)	3	(5)	5	(9)
East Central (50 < 100) (20 < 50) (under 20)	0			0		2		0	
Total	54	(74)		11	(15)	3	(4)	5	(7)
Total:all cities and regions	154	(71)		41	(19)	10	(5)	13	(6)

TABLE 5.3

NUMBER OF DAYS OF MEALS ON WHEELS SERVICE OPERATION IN RELATION TO POPULATION SIZE OF CENTRES IN
CITIES AND REGIONS

Number of days service operates weekly

City or region population (in 1000's)	1 day		2 days		3 days		4 days		5 days		6 days		Totals
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
Cities: Aberdeen, Dundee and Glasgow Edinburgh (>100) Total: cities	0		0		0		3		0		0		3
	0		0		0		0		1		0		1
	0		0		0		3		1		0		4
Regions: Crofting (20 < 50) (under 20) Total	0		1		0		0		0		0		1
	0		11		1		1		1		0		14
	0		12		1		1		1		0		15
North East (20 < 50) (under 20) Total	1		0		1		0		0		0		2
	3		21		8		0		1		0		33
	4	(11)	21	(60)	9	(26)	0	(0)	1	(3)	0	(0)	35
Borders (20 < 50) (under 20) Total	0		0		0		1		0		0		1
	0		16		10		0		8		0		34
	0	(0)	16	(46)	10	(29)	1	(3)	8	(23)	0	(0)	35
West Central (50 < 100) (20 < 50) Under 20) Total	0		1		1		2		0		0		4
	0		5		3		1		0		0		9
	1		30		4		5		3		0		43
East Central (50 < 100) (20 < 50) (under 20) Total	1	(2)	36	(64)	8	(14)	8	(14)	3	(5)	0	(0)	56
	0		0		1		0		0		1		2
	0		0		2		1		1		0		4
Totals: all cities & regions	0	(0)	35	(48)	20	(27)	1	(1)	16	(22)	1	(1)	73
	5	(2)	120	(55)	48	(22)	14	(6)	30	(14)	1	(.5)	218

TABLE 5.4

FREQUENCY OF SERVICE TO MAJORITY OF MEALS ON WHEELS RECIPIENTS IN RELATION TO CITIES AND REGIONS

Frequency of service in survey week

City or region population (in 1000's)	Frequency of service in survey week												Totals
	1 meal		2 meals		3 meals		4 meals		5 meals		6 meals		
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
Cities: Aberdeen, Edinburgh, Dundee and Glasgow (> 100)	0		4		0		0		0		0		4
Regions: Crofting													
(20 < 50)	0		1		0		0		0		0		1
(under 20)	0		12		1		0		1		0		14
Total	0		13		1		0		1		0		15
Borders													
(20 < 50)	0		1		0		0		0		0		1
(under 20)	0		15		11		0		8		0		34
Total	0	(0)	16	(46)	11	(31)	0	(0)	8	(23)	0	(0)	35
North East													
(20 < 50)	1		0		1		0		0		0		2
(under 20)	3		20		8		0		1		0		32
Total	4	(12)	20	(59)	9	(26)	0	(0)	1	(3)	0	(0)	34
West Central													
(50 < 100)	0		1		1		2		0		0		4
(20 < 50)	0		6		3		0		0		0		9
(under 20)	1		34		5		1		2		0		43
Total	1	(2)	41	(73)	9	(16)	3	(5)	2	(4)	0	(0)	56
East Central													
(50 < 100)	0		0		1		0		0		1		2
(20 < 50)	0		1		2		0		1		0		4
(under 20)	0		35		17		0		15		0		67
Total	0	(0)	36	(49)	20	(27)	0	(0)	16	(22)	1	(1)	73
TOTAL: all cities and regions	5	(2)	130	(60)	50	(23)	3	(1)	28	(13)	1	(.5)	217*

*Note: one case, frequency unknown, excluded.

TABLE 5.5

MEALS SUPPLIED DAILY TO MEALS ON WHEELS RECIPIENTS IN RELATION TO CITY AND REGION

Number of meals supplied during the week 20-26th May, 1968

City or region	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total meals supplied
<u>Cities:</u> Aberdeen	73	71	0	72	72	0	288
Dundee	0	64	58	64	51	0	237
Edinburgh	295	291	30	301	291	0	1208
Glasgow	222	215	0	223	213	0	873
Total	590	641	88	660	627	0	2606
<u>Regions:</u> Crofting	78	149	28	87	140	0	482
North East	270	157	185	156	276	0	1044
Borders	308	342	321	220	442	0	1633
West Central	922	1064	793	1128	430	0	4337
East Central	1266	955	1085	974	1170	228	5678
Total	2844	2667	2412	2565	2458	228	13174
TOTALS: ALL AREAS	3434	3308	2500	3225	3085	228	15780

TABLE 5.6

MEALS SERVED TO MEALS ON WHEELS RECIPIENTS IN RELATION TO ORGANISATION RESPONSIBLE FOR SERVICE

Number of recipients receiving meals during week 20-26th May 1968

Organisation	1 meal	2 meals	3 meals	4 meals	5 meals	6 meals	Totals
W.R.V.S.	198	2997	811	211	415	0	4682
O.P.W.C.	49	238	241	116	175	0	819
Red Cross	0	45	0	0	0	0	45
Other voluntary organisations	1	89	52	6	0	0	148
Local Authority	0	1	13	19	92	196	331
TOTALS	248	3370	1117	352	682	196	5975*

*Note: If local authority returns are included for those centres which did not co-operate in this survey then this figure increases to 6586

TABLE 5.7

MEALS SUPPLIED DAILY TO LUNCH CLUB RECIPIENTS IN RELATION TO CITY AND REGION

Number of meals supplied during the week 20-26th May, 1968

City or region	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total meals supplied
Cities: Dundee	46	337	330	325	286	22	1346
Edinburgh	168	543	512	530	526	0	2279
Glasgow	616	543	565	633	546	0	2903
Total	830	1423	1407	1488	1358	22	6528
Regions: North East	8	**	37	8	**	0	53
Borders	9	0	9	10	0	0	28
West Central	689	857	718	870	765	**	3899
East Central	140	204	173	180	231	0	928
Total	846	1061	937	1068	996	**	4908
TOTALS: ALL AREAS	1676	2484	2344	2556	2354	22	11436

Note: ** An unknown number of meals to be consumed on these days is provided on the previous day by two clubs.

TABLE 5.8
LUNCH CLUB SERVICE CLOSURES IN RELATION TO FREQUENCY OF SERVICE TO THE MAJORITY OF RECIPIENTS

Service frequency (per week)

Duration of closure	Once	Twice	Three Times	Four times or more	Total
	N	N	N	N	(%)
Service operates throughout the year	3	9	4	15	31 (34)
Service closes:					
1 < 2 weeks	2	3	1	12	18 (20)
2 < 3 weeks	0	1	0	1	2 (2)
3 < 4 weeks	3	6	2	4	15 (17)
Four or more weeks	10	8	1	4	24* (27)
TOTAL	18	27	8	36	90

*Note: includes one club operating once a month only

TABLE 5.9

CONDITIONS OF ELIGIBILITY FOR MEALS ON WHEELS SERVICE IN RELATION TO CITY AND REGION

Conditions

City or Region	None laid down	Physical handicap	Mental handicap	Housebound (single or couple)	No altern- ative source of help	Author- isation by Local Authority	Pensionable age	Other	Don't know	Not answered	Totals
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	
Cities:											
Aberdeen	0	0	0	1	0	0	0	0	0	0	1
Dundee	0	1	1	1	1	1	0	0	0	0	1
Edinburgh	0	1	1	1	0	1	1	0	0	0	1
Glasgow	0	1	1	1	0	1	1	0	0	0	1
Total	0	3	3	4	1	3	2	0	0	0	4*
Regions:											
Crofting	1	10	7	12	0	12	3	0	0	0	15
North East	2(6)	25(71)	10(29)	35(100)	5(14)	25(71)	4(11)	5(14)	0(0)	0(0)	35
Borders	0(0)	25(71)	15(43)	35(100)	3(9)	26(74)	5(14)	1(3)	2(6)	1(3)	35
West Central	2(4)	46(82)	28(50)	56(100)	8(14)	36(64)	14(25)	2(4)	0(0)	1(2)	56
East Central	2(3)	50(68)	33(45)	73(100)	4(5)	49(67)	9(12)	3(4)	3(4)	0(0)	73
Totals: all areas	7(3)	159(73)	96(44)	215(98)	21(10)	151(69)	37(17)	11(5)	5(2)	2(1)	218*

*Note: Some organisers gave multiple responses

TABLE 5.10

CONDITIONS OF ELIGIBILITY FOR LUNCH CLUB SERVICE IN RELATION TO CITY AND REGION

Conditions

City and Region	None laid down	Physical handicap	Mental Handicap	Unemployed	Single person household	Two person household (both aged)	Low income, means test	Authorisation by local authority	Pensionable age	Other (post-op., man alone)	Total conditions	No. of lunch clubs
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N
<u>Cities:</u>												
Dundee	1	3	0	0	1	1	1	1	6	0	14	8
Glasgow	3	8	4	1	9	5	4	5	7	1	47	19
Edinburgh	0	7	4	2	9	6	6	6	8	1	49	13
Total	4 (10)	18 (45)	8 (20)	3 (8)	19 (48)	12 (30)	11 (28)	12 (30)	21 (53)	2 (5)	110 (275)	40
<u>Regions:</u>												
North East	0	1	0	0	1	0	1	0	0	2	5	2
Borders	1	0	0	0	0	0	0	0	0	0	1	1
West Central	2	13	8	0	19	13	5	17	18	2	97	34
East Central	3	3	2	0	6	6	2	5	6	1	34	13
TOTALS: (Cities & regions)	10 (11)	35 (39)	18 (20)	3 (3)	45 (50)	31 (34)	19 (21)	34 (38)	45 (50)	7 (8)	247 (274)	90

TABLE 5.11

AGENCIES FROM WHOM MEALS ON WHEELS ORGANISERS WOULD ACCEPT RECOMMENDATIONS

WITHOUT INVESTIGATION IN RELATION TO CITY AND REGION

Agencies

City or region	Agencies										Not answered don't know	Total
	No-one	Local Authority	Home Help Service	O.P.W.C.	Doctors, District nurse District officer	Societies (blind, deaf)	Church	Neighbours, friends, relatives	Organising body itself	N (%)		
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)		
<u>Cities</u>												
Aberdeen	1	0	0	0	0	0	0	0	0	0	0	1
Dundee	0	0	0	0	0	0	0	0	0	0	1	1
Edinburgh	1	0	0	0	0	0	0	0	0	0	0	1
Glasgow	1	0	0	0	0	0	0	0	0	0	0	1
Total	3	0	0	0	0	0	0	0	0	0	1	4
<u>Regions:</u>												
Crofting	0	11	3	5	11	4	5	2	6	1	1	15
North East	1 (3)	25 (71)	4 (11)	8 (23)	17 (49)	8 (23)	11 (31)	4 (11)	11 (31)	5 (14)	5	35
Borders	2 (6)	23 (66)	4 (11)	9 (26)	22 (63)	2 (6)	2 (6)	2 (6)	7 (20)	4 (11)	4	35
West Central	10 (18)	26 (46)	3 (5)	8 (14)	30 (54)	6 (11)	6 (11)	4 (7)	7 (13)	7 (13)	7	56
East Central	4 (5)	39 (53)	7 (10)	11 (15)	31 (42)	7 (10)	7 (10)	5 (7)	9 (12)	16 (22)	16	73
TOTALS: (all cities and regions)	20 (9)	124 (57)	21 (10)	41 (19)	111 (51)	27 (12)	31 (14)	17 (8)	40 (18)	34 (16)	34	218*

*Note: Some organisers gave multiple responses

TABLE 5.12

AGENCIES FROM WHOM LUNCH CLUB ORGANISERS WOULD ACCEPT RECOMMENDATIONS WITHOUT INVESTIGATION IN RELATION TO CITY AND REGION

Agencies

City or Region	No-one	Ministry of Social Security	LA Health/Welfare department	Home Help Service	OPWC	Doctors	Societies (blind, deaf)	Church organisations	Neighbours, friends, relatives	WRVS Red Cross	Hospital Service	No recommendations accepted	Totals	No of Lunch Clubs
	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N
Cities:														
Dundee	0	3	3	1	3	3	1	3	3	1	3	5	29	8
Glasgow	0	9	11	7	12	11	10	10	9	10	12	4	105	19
Edinburgh	1	6	9	5	9	9	8	6	7	8	9	2	79	13
TOTALS (Cities)	1(3)	18(45)	23(58)	13(33)	24(60)	23(58)	19(48)	19(48)	19(48)	19(48)	24(60)	11(28)	213(533)	40
Regions:														
North East	2	0	0	0	0	0	0	0	0	0	0	0	2	2
Borders	0	0	0	0	0	0	0	0	0	0	0	1	1	1
West Central	6	5	16	3	10	15	5	5	5	12	9	9	100	34
East Central	1	5	7	4	5	8	3	3	2	4	5	4	51	13
TOTALS (Cities and regions)	10(11)	28(31)	46(51)	20(22)	39(43)	46(51)	27(30)	27(30)	26(29)	35(39)	8(42)	25(28)	367(408)	90

TABLE 5.13

MEALS ON WHEELS ORGANISER PROCEDURES TO ESTABLISH NEED IN RELATION TO CITY AND REGION

Procedure

City or region	Organiser investigates every case	Organiser accepts some cases without investigation		Organiser accepts all cases without investigation		Local Authority investigates	Not answered; don't know		Totals
	N	(%)	N	(%)	N	(%)	N	(%)	
<u>Cities:</u>									
Aberdeen	1		0		0		0		1
Dundee	1		0		0		0		1
Edinburgh	1		0		0		0		1
Glasgow	1		0		0		0		1
TOTALS (Cities)	4		0		0		0		4
<u>Regions:</u>									
Crofting	5		3		2		3		15
North East	16	(46)	6	(17)	8	(23)	5	(14)	35
Borders	15	(43)	8	(23)	8	(23)	1	(3)	35
West Central	33	(59)	16	(29)	0	(0)	5	(9)	56
East Central	29	(40)	10	(14)	17	(23)	9	(12)	73
TOTALS (All Areas)	102	(47)	43	(20)	35	(16)	23	(11)	218

TABLE 5.14

LUNCH CLUB ORGANISER INVESTIGATION PROCEDURES IN RELATION TO CITY AND REGION

City or region	Procedure					Totals
	Organiser investigates every case	Organiser accepts some cases without investigation	Organiser accepts all cases without investigation	Not answered/ don't know		
	N (%)	N (%)	N (%)	N (%)	N (%)	N
<u>Cities:</u>						
Dundee	2	2	2	2	8	8
Glasgow	2	8	8	1	19	19
Edinburgh	5	3	5	0	13	13
TOTALS (Cities)	9 (23)	13 (33)	15 (38)	3 (8)	40	40
<u>Regions:</u>						
North East	2	0	0	0	2	2
Borders	0	0	1	0	1	1
West Central	13	10	10	1	34	34
East Central	4	1	8	0	13	13
TOTALS (All areas)	28 (31)	24 (27)	34 (38)	4 (4)	90	90

TABLE 5.15

SURVEY ASSESSMENT OF MEALS ON WHEELS SERVICE RECIPIENT SELECTION

PROCEDURE IN RELATION TO CITY AND REGION

Procedure

Cities and regions	Active local authority control		Indirect L.A. control		Minimal L.A. control		Voluntary organisation control		Equally shared between V.O./L.A.	Totals
	N	(%)	N	(%)	N	(%)	N	(%)		
<u>Cities:</u>										
Aberdeen	1		0		0		0		0	1
Dundee	1		0		0		0		0	1
Edinburgh	1		0		0		0		0	1
Glasgow	0		0		1		0		0	1
Totals: (cities)	3		0		1		0		0	4
<u>Regions:</u>										
Crofting	7		0		0		4		0	11
North East	11		1		0		15		1	28
Borders	19		2		0		8		0	29
West Central	18	(32)	1	(2)	20	(36)	14	(25)	0	53
East Central	49	(67)	13	(18)	0	(0)	11	(15)	0	73
Totals: (cities and regions)	107	(49)	17	(8)	21	(10)	52	(24)	1	198*

*Note: 20 cases, selection procedure unknown, excluded.

TABLE 5.16

SURVEY ASSESSMENT OF MEALS ON WHEELS RECIPIENT SELECTION PROCEDURE IN RELATION TO
ORGANISATION RESPONSIBLE FOR SERVICE

Selection procedure	Organisation						Totals
	W.R.V.S.	O.P.W.C.	Red Cross	Other voluntary organisations	Local Authority	N (%)	
Active local authority control	92 (54)	9	2	2	2	107 (49)	
Indirect local authority control (i.e. Dr., D.N., H.V., D.O.)	16 (9)	0	0	1	0	17 (8)	
Minimal local authority control (i.e. "rubber stamping")	16 (9)	4	0	1	0	21 (10)	
Voluntary organisation control	32 (19)	17	0	3	0	52 (24)	
50/50 L.A./V.O.	1 (1)	0	0	0	0	1 (-)	
Unknown	13 (8)	3	2	1	1	20 (9)	
Totals	170	33	4	8	3	218	

TABLE 5.17

SURVEY ASSESSMENT OF LUNCH CLUB RECIPIENT SELECTION PROCEDURE IN RELATION

TO CITY AND REGION

Selection procedure

Cities and regions	Active local authority control		Indirect L.A. control (GP., DN., HV., DO.)		Minimal L.A. control		Voluntary organisation control		Unknown		Totals
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
Dundee	0		0		0		8		0		8
Glasgow	0		0		19		0		0		19
Edinburgh	13		0		0		0		0		13
Totals (cities)	13	(33)	0	(0)	19	(48)	8	(20)	0	(0)	40
North East	0		0		0		2		0		2
Borders	0		0		0		0		1		1
West Central	10		0		14		10		0		34
East Central	1		0		2		10		0		13
Totals (cities and regions)	24	(27)	0	(0)	35	(39)	30	(33)	1	(1)	90

TABLE 5.18

SURVEY ASSESSMENT OF LUNCH CLUB RECIPIENT SELECTION PROCEDURE IN RELATION TO

ORGANISATION RESPONSIBLE FOR SERVICE

Organisation

Selection procedure	W.R.V.S.	O.P.W.C.	Red Cross	Other Voluntary organisations	L.A.	Total
	N	N	N	N	N	(%)
Active local authority control (L.A. passes / examines all applicants)	1	11	1	8	3	24 (27)
Minimal local authority control (reference in doubt)	11	7	0	9	8	35 (39)
Voluntary organisation control	7	13	1	7	2	30 (33)
Unknown	0	1	0	0	0	1 (1)
Totals	19	32	2	24	13	90

TABLE 5.19

CONDITIONS OF MEALS ON WHEELS RECIPIENT ELIGIBILITY
IN RELATION TO RECIPIENT SELECTION PROCEDURE

Conditions	Procedure							Totals
	Active local authority control	Indirect local authority control	Minimal local authority control	Voluntary organisation/ control	Control shared between voluntary organisation/ local authority	Unknown		
	N (%)	N	N	N (%)	N	N		
No condition laid down	2 (2)	1	0	4 (7)	0	0	7 (3)	
Physical handicap	68 (64)	14	19	40 (77)	1	17	159 (73)	
Mental handicap	45 (42)	7	13	21 (40)	1	9	96 (44)	
Housebound	5 (5)	1	0	3 (6)	0	2	11 (5)	
Single person household	38 (36)	11	10	25 (48)	0	10	94 (43)	
Aged couple	52 (49)	11	16	37 (71)	1	15	132 (60)	
Lack alternative help	10 (9)	2	3	3 (6)	0	3	21 (10)	
Authorization by L.A.	84 (79)	12	8	30 (58)	1	16	151 (69)	
Pensionable age	12 (11)	3	6	13 (25)	0	3	37 (17)	
Other	3 (3)	2	1	4 (8)	0	1	11 (5)	
Don't know, i.e. have no authority	4 (4)	1	0	0 (0)	0	0	5 (2)	
Not answered	0 (0)	0	1	1 (2)	0	0	2 (1)	
Totals	107	17	21	52	1	20	218 *	

*Note: percentages exceed 100 due to multiple responses.

TABLE 5.20

VOLUNTARY ORGANISERS' MEANS OF DISCOVERING POTENTIAL MEALS ON WHEELS RECIPIENTS
IN RELATION TO CONTROL OF SELECTION PROCEDURE

Means of discovering need	Procedure						Totals
	Active local authority control	Indirect local authority control	Minimal local authority control	Voluntary organisation control	Equally shared local authority/voluntary organisation control	Unknown	
	N (%)	N	N	N (%)	N	N	N (%)
Contact with:							
W.R.V.S.	1 (2)	0	0	0 (0)	1	0	2 (2)
Doctors	23 (43)	5	9	20 (57)	0	7	64 (58)
Ministers, clergy	4 (7)	1	1	4 (11)	0	2	12 (11)
Local authorities	5 (9)	1	0	3 (9)	0	0	9 (8)
Ministry Social Security	1 (2)	0	0	0 (0)	0	0	1 (1)
O.P.W.C.	3 (6)	0	1	4 (11)	0	2	10 (9)
Advertise	2 (4)	1	0	1 (3)	0	0	4 (4)
Personal knowledge	23 (46)	6	9	13 (37)	1	4	56 (51)
Housebound list	10 (19)	1	1	5 (14)	0	0	18 (16)
Other	5 (9)	0	0	1 (3)	0	0	6 (5)
Unknown	0 (0)	0	0	0 (0)	0	0	0 (0)
Total	54	10	16	35	1	10	126*

*Note: -92 cases, with no process for discovering need, excluded.

-percentages may exceed 100 due to multiple responses

TABLE 6.1

SOURCE OF MEALS ON WHEELS SUPPLY IN RELATION TO CITY AND REGION

City or region	Source of supply										Totals
	Voluntary organisation kitchen	School meals service	Industrial canteen, Town Hall kitchen	Private hotel cafe, restaurant	Old Peoples' homes	Old peoples' centre	Hospital	Other			
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N	
Cities:											
Aberdeen	0	0	0	1	-	0	0	0	0	1	
Dundee	0	0	0	0	1	0	0	0	0	1	
Edinburgh	0	0	0	0	1	0	0	0	0	1	
Glasgow	0	0	0	0	0	0	1	0	0	1	
Totals (cities)	0	0	0	1	2	0	1	0	0	4	
Regions:											
Crofting	1	10	3	9	1	1	0	0	0	15	
North East	10 (29)	22 (63)	1 (3)	13 (37)	5 (14)	0 (0)	2 (6)	0 (0)	0 (0)	35	
Borders	2 (5)	30 (86)	3 (9)	11 (31)	4 (11)	0 (0)	7 (20)	1 (3)	1 (3)	35	
West Central	0 (0)	32 (57)	17 (31)	12 (21)	4 (7)	0 (0)	10 (18)	0 (0)	0 (0)	56	
East Central	2 (2)	69 (95)	6 (8)	10 (14)	0 (0)	0 (0)	0 (0)	1 (1)	1 (1)	73	
Total: all areas	15 (7)	163 (75)	30 (13)	56 (26)	16 (7)	1 (-)	20 (9)	2 (1)	2 (1)	218	

TABLE 6.2

SOURCE OF LUNCH CLUB MEALS SUPPLY IN RELATION TO AREA POPULATION,
CITY AND REGION

Area population in 1000's, city and region

Source of supply	over 100			20-100		under 20				Totals	
	Dundee	Glasgow	Edinburgh	West Central	East Central	North East	Borders	West Central	East Central	N	(%)
	N	N	N	N	N	N	N	N	N	N	(%)
Own premises	2	0	0	3	0	2	1	1	0	9	(10)
School Meals Service	6	6	12	5	2	0	0	6*	9	46*	(51)
Other external, non-welfare	0	0	0	6	1	0	0	10	1	18	(20)
Other external, welfare	0	13	1	2	0	0	0	1	0	17	(19)
Totals	8	19	13	16	3	2	1	18	10	90	

*Note: Includes 4 cases which have the School Meals Service as their main source of meals supply.

TABLE 6.3

COST OF MEAL TO MEALS ON WHEELS ORGANISERS IN RELATION TO MAIN SOURCE OF SUPPLY

Cost in 1968/1969	Main source of supply							Totals
	Own premises (VO.homes kitchens)	School meals service	ther external non-welfare	Other external welfare	Other caterers	N	(%)	
	N	N	N	N	N	N	(%)	
< 2/6 ($<12\frac{1}{2}p$)	11	47 (29)	4	7	0	69	(32)	
2/6 < 3/- ($12\frac{1}{2}<15p$)	0	15 (9)	4	0	1	20	(9)	
3/- < 3/6 ($15<17\frac{1}{2}p$)	0	2 (1)	9	2	0	13	(6)	
3/6 < 4/- ($17\frac{1}{2}<20p$)	0	0 (0)	2	0	0	2	(1)	
4/- < 4/6 ($20<22\frac{1}{2}p$)	0	0 (0)	2	0	0	2	(1)	
4/6 or more ($\geq 22\frac{1}{2}p$)	0	0 (0)	4	0	1	5	(2)	
Unknown	0	99 (61)	3	5	0	107	(49)	
Total	11	163	28	14	2	218		

TABLE 6.4

COST OF MEAL TO MEALS ON WHEELS RECIPIENTS IN RELATION TO MAIN SOURCE OF SUPPLY

Cost in 1968/1969	Main source of supply						Totals	
	Own premises (VO.homes, kitchens)	School meals service	Other external non-welfare	Other external welfare	Other caterers	N	N	(%)
< 1/- (< 5p)	2	9 (6)	2	2	0	15	15	(7)
1/- to 1½ (5-6p)	4	109 (67)	18	7	1	139	139	(64)
1/3 to 1/6 (6-7½p)	4	36 (22)	7	3	0	50	50	(23)
1/7 to 1/9 (8-9p)	0	1 (1)	0	0	1	2	2	(1)
1/10 to 2/- (9-10p)	1	2 (1)	0	1	0	4	4	(2)
> 2/- (≥ 10p)	0	0 (0)	0	0	0	0	0	(0)
Unknown	0	6 (4)	1	1	0	8	8	(4)
Total	11	163	28	14	2	218	218	

TABLE 6.5

COST OF MEALS TO LUNCH CLUB ORGANISERS (1968-69) IN RELATION TO MAIN SOURCE
OF MEALS SUPPLY

Cost in pence 1968-1969	Main source of supply					Totals
	Voluntary organisation premises	School Meals Service	Other external non-welfare source	Other external welfare source	N (%)	
	N	N (%)	N	N	N (%)	
<2/6d ($<12\frac{1}{2}$)	9	23 (50)	3	14	49 (54)	
2/6 < 3/- ($12\frac{1}{2}$ < 15p)	0	11 (24)	2	0	13 (14)	
3/- < 3/6 (15p < $17\frac{1}{2}$ p)	0	0 (0)	3	0	3 (3)	
3/6 < 4/- ($17\frac{1}{2}$ p < 20p)	0	0 (0)	3	0	3 (3)	
4/- < 4/6 (20 < $22\frac{1}{2}$ p)	0	0 (0)	0	0	0 (0)	
$\geq 4/6$	0	0 (0)	3	0	3 (3)	
Unknown	0	12 (26)	4	3	19 (21)	
Total	9	46	18	17	90	

TABLE 6.6

COST OF MEALS TO LUNCH CLUB RECIPIENTS (1968-69) IN RELATION TO MAIN SOURCE OF MEALS SUPPLY

Main source of supply

Cost in pence 1968/;969	Voluntary organisation premises	School Meals Service		Other external non-welfare source	Other external welfare source	Totals	
		N	(%)			N	(%)
< 1/-	0	3	(7)	0	0	3	(3)
1/- < 1/3d	4	30	(65)	11	14	59	(66)
1/3 < 1/7d	3	13	(28)	6	1	23	(26)
1/7 < 1/10d	1	0	(0)	0	0	1	(1)
1/10 < 2/1d	1	0	(0)	0	1	2	(2)
Unknown	0	0	(0)	1	1	2	(2)
Totals	9	46		18	17	90	

TABLE 6.7

MEALS ON WHEELS ORGANISERS' ASSESSMENTS OF (i) MEAL SUITABILITY AND (ii) MENU VARIATION IN RELATION TO MAIN SOURCE OF MEALS SUPPLY

Main source of supply

Organisers' assessments	Main source of supply						Total
	Own premises (V.O.homes, kitchens)	School meals service	Other external non-welfare	Other external welfare	Other Caterers	N (%)	
(i) <u>meal suitability</u> <u>for old people</u>	N	N (%)	N	N	N	N (%)	
Suitable	11	138 (85)	27	14	2	192 (88)	
Not suitable	0	18 (11)	1	0	0	19 (9)	
No information or opinion	0	7 (4)	0	0	0	7 (3)	
Totals	11	163	28	14	2	218	
(ii) <u>Menu variation</u> Menus are -							
The same from week to week	2	17 (10)	4	1	0	24 (11)	
Vary from week to week	9	120 (74)	20	12	1	162 (74)	
Vary from season to season	3	47 (29)	5	3	1	59 (27)	
Totals	11	163	28	14	2	218*	

*Note: totals exceed 100% due to multiple responses.

TABLE 6.8

LUNCH CLUB ORGANISERS' ASSESSMENTS OF (i) MEAL SUITABILITY AND (ii) MENU VARIATION IN RELATION
TO MAIN SOURCE OF MEALS SUPPLY

Organisers' assessments	Main source of supply					Totals
	Voluntary organisation premises	School Meals Service	Other external non-welfare source	Other external welfare source	N (%)	
(i) <u>Meal suitability for old people:</u>	N	N (%)	N	N	N (%)	
Suitable	9	33 (72)	17	10	69 (77)	
Not suitable	0	8 (17)	0	0	8 (9)	
Uncertain	0	3 (7)	1	7	11 (11)	
Varies with supplier	0	2 (4)	0	0	2 (2)	
Totals	9	46	18	17	90	
(ii) <u>Menu variation:</u>						
Same, week to week	1	6 (13)	5	2	14 (16)	
Varies week to week	6	35 (76)	12	13	66 (73)	
Varies month to month	1	4 (9)	0	0	5 (6)	
Don't know/not answered	1	1 (2)	1	2	5 (6)	
Totals	9	46	18	17	90	

TABLE 6.9

MENUS PROVIDED BY MEALS ON WHEELS SERVICES DURING WEEK 20-26 MAY, 1968

Menu	Monday	Tuesday	Wednesday	Thursday	Friday
	(%)	(%)	(%)	(%)	(%)
<u>1st Course:</u>					
None	67	64	72	55	72
Soup-Meat based	5	6	4	4	7
" -Other	28	29	28	42	22
<u>Main Course:</u>					
None	4	3	1	1	2
Fish, fishcakes	1	4	10	4	24
Meat, poultry, bacon, liver, ham, etc.	20	27	33	37	20
Sausage, haggis, beef olives, etc.	3	9	8	4	7
Mince, stews	46	34	31	26	23
Meat pies, puddings	5	11	10	13	12
Other "meat" (type unspecified)	12	11	5	11	10
Cheese dishes	1	0	1	3	2
Egg dishes	1	0	0	1	0
<u>Cold Course:*</u>	15	5	10	12	16
<u>Vegetables:</u>					
Salads	3	4	4	8	12
Green veg. (cabbage, sprouts, etc.)	8	22	25	26	14
Tinned peas, baked beans, etc.	17	13	17	19	26
Root vegetables (carrots, turnips, swedes)	61	48	43	33	40
Potatoes	91	92	92	91	90
Rice, macaroni, pasta	2	1	1	0	0
Sauces, chutneys	2	1	1	0	4
<u>Puddings</u>					
None	12	14	11	22	14
Milk (sago, rice, semolina, tapioca)	21	16	22	17	15
Other milk (custard etc.)	50	54	49	43	50
Sponge puddings	28	21	18	23	21
Tarts, flans, slices, crumbles	17	24	27	23	18
Fruit (apple, prunes, peaches, etc.)	26	22	29	18	32
Other (trifles, jellies)	8	9	14	5	15
<u>Type of Meal:</u>					
3-Course (soup + main + pudding)	17	18	15	23	13
2-Course (main + soup or pudding)	79	80	84	74	85
2-Course (soup + pudding - no main)	4	2	1	1	2
Total number of menus submitted	98	95	77	75	95
Menu unknown	33	28	26	37	28
No service that day	87	95	115	106	85

*Cold course meals may also on occasion be reported under Main Course; hence columns may not necessarily add to 100

Note: One centre operates a Saturday service

TABLE 6.10

MENUS PROVIDED BY LUNCH CLUB SERVICES DURING WEEK 20-26th MAY, 1968

Menu	Monday	Tuesday	Wednesday	Thursday	Friday
	(%)	(%)	(%)	(%)	(%)
<u>1st Course:</u>					
None	26	45	50	46	53
Soup - meat based	7	5	9	7	13
Soup - other	67	50	41	48	13
<u>Main Course:</u>					
None	0	0	3	5	3
Fish	0	3	0	5	43
Meat (poultry, bacon, liver, ham, etc.)	15	34	27	30	7
Sausage, haggis, beef olives, etc.	15	18	6	9	3
Mince, stews	48	18	29	16	13
Meat pies, puddings	4	3	18	11	7
Corned beef, spam, etc.	0	3	3	5	10
Meat (type unspecified)	19	21	15	16	13
Cheese dishes	0	0	0	5	0
Egg dishes	0	0	0	0	0
<u>Vegetables:</u>					
Salads	0	3	0	7	7
Green veg. (leafy, green beans)	7	11	18	32	3
Tinned peas, baked beans	15	21	18	11	20
Root veg. (carrots, turnips, swedes)	48	45	50	39	47
Potatoes	93	95	91	96	80
Rice, macaroni	0	0	0	0	0
Vegetables (unspecified kind)	7	5	6	2	10
<u>Puddings:</u>					
None	19	16	9	11	10
Milk (rice, sago, etc.)	7	8	24	18	20
Other milk (custard, etc.)	37	37	35	23	37
Sponge pudding, etc.	26	32	12	25	23
Tarts, flans, etc.	15	16	15	16	17
Fruit (prunes, apples, peaches, etc.)	15	13	21	14	17
Other (trifles, jellies, or unspecified)	22	16	27	23	27
<u>Type of Meal:</u>					
3 course (soup + main + pudding)	56	40	38	39	39
2 course (main + soup or pudding)	44	58	59	59	58
2 course (no main) or main only	0	3	3	2	3
Total number of menus submitted	27	38	34	44	31
No service that day	51	35	40	29	41
Menu unknown	12	17	16	17	18

Note: One centre operates a Saturday Service

TABLE 6.11

MEALS ON WHEELS PROVISION OF SPECIAL DIETS IN RELATION TO CITY AND REGION

Ability to supply diet

Cities and regions	Do provide already	Could do so if asked	Could not provide because of:					D.K.if could provide	Not known	Total services	
			Inadequate finance		Inadequate staff	Inadequate supply	Inadequate equipment				Other
			N (%)	N (%)							
<u>Cities:</u>											
Aberdeen	1	0	0	0	0	0	0	0	0	1	
Dundee	1	0	0	0	0	0	0	0	0	1	
Edinburgh	0	0	0	0	0	1	0	0	0	1	
Glasgow	0	0	0	0	0	0	1	0	0	1	
Total	2	0	0	0	1	1	1	0	0	4	
<u>Regions:</u>											
Crofting	2	1	0	3	8	0	1	5	0	15	
North East	8 (23)	1 (3)	0 (0)	4 (11)	12 (34)	1 (3)	2 (6)	8 (23)	1 (3)	35	
Borders	5 (14)	5 (14)	2 (6)	2 (6)	11 (32)	1 (3)	0 (0)	9 (26)	2 (6)	35	
West Central	8 (14)	4 (7)	3 (5)	4 (7)	30 (54)	0 (0)	1 (2)	10 (17)	2 (4)	56	
East Central	7 (10)	2 (3)	2 (3)	4 (5)	31 (42)	0 (0)	0 (0)	26 (36)	6 (8)	73	
Total (cities and regions)	32 (15)	13 (6)	7 (3)	17 (8)	93 (43)	3 (1)	5 (2)	58 (27)	11 (5)	218*	

*Note:- 'special diets' constitute standard meals with the sizes of some portions altered or omitted.

They do not normally involve either special cooking or the provision of special foods.

- percentages exceed 100 due to multiple response.

TABLE 6.12

LUNCH CLUB PROVISION OF SPECIAL DIETS IN RELATION TO CITY AND REGION

Ability to supply diets

Cities and regions	Do provide already	Could do so if asked	Could not provide because of:				Situation not arisen	Little or no demand/ not necessary	Don't know	Not answered	Totals	No. of lunch clubs
			Inadequate finances	Inadequate staff	Inadequate supply	Inadequate facilities						
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N
<u>Cities:</u>												
Dundee	0	0	1	2	6	0	0	1	0	0	10	8
Glasgow	1	0	3	1	8	0	0	3	4	1	21	19
Edinburgh	1	0	1	3	5	0	0	2	1	1	16	13
Totals (cities)	2 (5)	0 (0)	5 (13)	6 (15)	19 (48)	0 (0)	0 (0)	6 (15)	5 (13)	2 (5)	47 (118)	40
<u>Regions:</u>												
North East	1	0	0	1	0	0	0	0	0	0	2	2
Borders	1	0	0	0	0	0	0	0	0	0	1	1
West Central	7	1	0	3	16	1	6	3	1	0	38	34
East Central	1	1	0	0	7	0	1	5	0	0	15	13
Totals (cities and regions)	12 (13)	2 (2)	5 (6)	10 (11)	42 (47)	1 (1)	9 (10)	14 (16)	6 (7)	2 (2)	103 (114)	90

Note: 'special diets' constitute standard meals with the sizes of some portions altered or omitted. They do not normally involve either special cooking or the provision of special foods.

TABLE 7.1

MEALS ON WHEELS ORGANISERS' PROBLEMS IN MAINTAINING PRESENT SERVICES IN RELATION TO AREA AND POPULATION

Area and population (in 1000's)																
Problems	over 100					20-100					under 20					Total
	Aberdeen	Edinburgh	Glasgow	Dundee	Croft -ing	North East	Borders	West Cent -ral	East Cent -ral	Croft -ing	North East	Borders	West Central	East Central		
	N	N	N	N	N	N	N	N	N	N	N	N	N (%)	N (%)		
None	0	0	0	0	1	1	0	10	1	11	26	24	31 (72)	41 (61)	146 (67)	
<u>Lack of:</u> Voluntary help	1	1	1	1	0	1	1	3	5	3	4	6	9 (20)	21 (31)	57 (26)	
Cars & drivers	0	0	0	0	0	0	0	0	0	0	1	1	1 (2)	0 (-)	3 (1)	
Holiday period help	0	0	0	0	0	0	0	0	0	0	0	0	0 (0)	1 (1)	1 (0)	
Unreliable voluntary helpers	0	0	0	0	0	0	0	0	0	0	1	0	0 (0)	1 (1)	2 (1)	
Distance covered	0	0	0	0	0	0	0	0	0	0	1	0	0 (0)	0 (0)	1 (0)	
Transport difficulties	0	0	0	0	0	0	0	0	0	0	0	0	0 (0)	1 (1)	1 (0)	
N.A. and D.K.	0	0	0	0	0	0	0	0	0	0	0	3	2 (5)	2 (3)	7 (3)	
Total number of meals services	1	1	1	1	1	2	1	13	6	14	33	34	43	67	218	

TABLE 7.2

LUNCH CLUB ORGANISERS: PROBLEMS IN MAINTAINING PRESENT SERVICES IN RELATION TO AREA AND POPULATION

Area and population (in 1000's)

Problems	over 100				20 - 100				under 20				Totals
	Dundee	Glasgow	Edinburgh	West Central	East Central	North East	Borders	West Central	East Central				
N	N	N	N	N	N	N	N	N	N	N (%)			
None	6	14	7	13	1	2	0	17	6	66 (73)			
Lack of: Voluntary help	2	4	4	2	1	0	1	0	2	16 (18)			
Help in holidays	0	0	0	0	0	0	0	0	2	2 (2)			
Transport	0	1	1	0	0	0	0	0	0	2 (2)			
Inadequate accommodation	0	0	0	1	0	0	0	0	0	1 (1)			
Not answered	0	0	2	0	1	0	0	1	0	4 (4)			
TOTAL NO. OF RESPONSES	8	19	14	16	3	2	1	18	10	91 (101)			
TOTAL NO. OF LUNCH CLUBS	8	19	13	16	3	2	1	18	10	90			

TABLE 7.3

LUNCH CLUB SERVICE STAFFING RATIOS IN RELATION TO AGENCY RESPONSIBLE FOR SERVICE ORGANISATION

Organisation	No. of Lunch Clubs	Total Voluntary staff	Total paid staff	Total staff	Percentage of paid staff	No. of Lunch Clubs with paid staff	Average No. of staff per Lunch Club
W.R.V.S.	19	119	7	126	6	2	6.6
O.P.W.C.	31	323	26	349	7	10	11.3
Red Cross	2	21	0	21	0	0	10.5
Local Authority	12	89	30	119	25	6	9.9
Church/Salvation Army, O.A.P. Club/ Disableds: Club	14	121	10	131	8	3	9.4
Other	7	45	3	48	6	3	6.9
TOTALS	85*	718	76	794	10	24	9.3

*Note: 5 Clubs, information not available, excluded

TABLE 7.4

MEALS ON WHEELS ORGANISERS' OPINIONS OF THE EASE WITH WHICH VOLUNTARY STAFF ARE RECRUITED IN RELATION TO AREA AND POPULATION

Area and population(in 1000's)																	
Organisers' opinion	over 100					20-100					under 20					Totals	
	Aberdeen	Edinburgh	Glasgow	Dundee	Croft -ing	North East	Borders	West Cent -ral	East Cent -ral	Croft -ing	North East	Borders	West Central	East Central			
	N	N	N	N	N	N	N	N	N	N	N	N	N	N (%)	N (%)	N (%)	
Voluntary staff are: easy to recruit	0	0	0	0	0	0	0	1	0	2	4	10	4 (9)	8(12)		29 (13)	
Not too difficult to recruit	0	0	0	0	1	1	0	9	0	7	18	15	22(51)	30(45)		103 (47)	
difficult to recruit	1	1	1	1	0	1	1	2	5	5	10	7	17(40)	23(34)		75 (34)	
other	0	0	0	0	0	0	0	0	0	0	0	0	0 (-)	1 (1)		1 (-)	
Not applicable/ unknown	0	0	0	0	0	0	0	1	1	0	1	2	0 (-)	5 (7)		10 (5)	
Totals	1	1	1	1	1	2	1	13	6	14	33	34	43	67		218	

TABLE 7.5

LUNCH CLUB ORGANISERS' OPINIONS OF THE EASE WITH WHICH VOLUNTARY STAFF ARE RECRUITED IN RELATION TO AREA AND POPULATION

Area and population (in 1000's)

Organisers' opinion	over 100			20 - 100		under 20				Totals	
	Dundee	Glasgow	Edinburgh	West Central	East Central	North East	Borders	West Central	East Central	N	N (%)
N		N	N	N	N	N	N	N	N	N	N (%)
<u>Voluntary staff are:</u>											
easy to recruit	1	2	3	3	0	1	0	1	1	12	(13)
not too difficult to recruit	3	11	6	5	1	0	0	10	5	41	(46)
difficult to recruit	4	6	4	3	2	0	1	1	3	24	(27)
Uncertain	0	0	0	1	0	0	0	0	0	1	(1)
Not applicable/ all staff paid	0	0	0	4	0	0	0	6	1	11	(12)
Not answered	0	0	0	0	0	1	0	0	0	1	(1)
TOTALS	8	19	13	16	3	2	1	18	10	90	

TABLE 7.6

MEALS ON WHEELS ORGANISERS' OPINIONS OF THE EASE WITH WHICH VOLUNTARY STAFF ARE RECRUITED
IN RELATION TO SERVICE FREQUENCY

Service frequency

Organisers' opinions	once a week or less	two or three times a week		four or more times a week		Total
	N	N	(%)	N	(%)	N (%)
<u>Voluntary staff are:</u>						
Easy to recruit	1	25	(15)	3	(7)	29 (13)
Not too difficult to recruit	3	83	(49)	17	(38)	103 (47)
Difficult to recruit	1	54	(32)	20	(44)	75 (34)
Other	0	0	(0)	1	(2)	1 (-)
Unknown	0	4	(2)	2	(4)	6 (3)
Not applicable: i.e. employ paid staff	0	2	(1)	2	(4)	4 (2)
Total	5	168		45		218

TABLE 7.7

LUNCH CLUB ORGANISERS' OPINIONS OF THE EASE WITH WHICH VOLUNTARY STAFF ARE RECRUITED IN RELATION

TO SERVICE FREQUENCY

Service frequency

Organisers' opinions	once a week or less	two or three times a week	four or more times a week	Totals
	N	N (%)	N (%)	N (%)
<u>Voluntary staff are:</u>				
Easy to recruit	2	5	5	12 (13)
Not too difficult to recruit	9	19	13	41 (46)
Difficult to recruit	6	8	10	24 (27)
Don't know/uncertain	0	1	0	1 (1)
Not answered	1	0	0	1 (1)
Not applicable/all staff are paid	1	2	8	11 (12)
TOTAL NO. OF LUNCH CLUBS	19	35	36	90

TABLE 7.8

MEALS ON WHEELS ORGANISERS' ASSESSMENTS OF THE DIFFICULTIES THEY WOULD HAVE IN EXPANDING THEIR SERVICES IN RELATION TO AREA AND POPULATION

Area and population (in 1000's)																			
Difficulties	over 100						20 - 100						under 20						Totals
	Aberdeen	Edinburgh	Glasgow	Dundee	Croft -ing	North East	Borders	West Cent -ral	East Cent -ral	Croft -ing	North East	Borders	West Central	East Central					
	N	N	N	N	N	N	N	N	N	N	N	N	N	N (%)	N (%)	N (%)			
None	0	0	0	0	0	1	0	2	2	8	12	14	12(28)	24(36)			75(34)		
<u>Inadequate:</u>																			
Premises	1	0	0	0	1	0	0	0	0	0	2	1	1 (2)	1 (1)			7 (3)		
Food supply	0	0	0	0	0	0	0	0	0	0	0	3	2(5)	0 (0)			5 (2)		
Staff	1	1	1	1	0	1	0	8	4	5	8	11	16(37)	25(37)			82(38)		
Equipment	0	0	0	1	0	1	0	4	1	1	6	6	8(19)	6 (9)			34(16)		
Transport	1	0	1	1	0	1	1	6	2	2	11	8	12(28)	17(25)			63(29)		
Finance	0	0	0	0	0	0	0	0	0	0	1	1	1 (2)	1 (1)			4 (2)		
Drivers	0	0	0	0	0	0	0	0	0	0	1	0	0 (0)	0 (-)			1 (-)		
Other	0	0	0	0	0	0	0	0	0	0	0	1	1 (2)	1 (1)			3 (1)		
Not answered	0	0	0	0	0	0	0	0	0	0	0	0	2 (5)	3 (4)			5 (2)		
Total number of responses	3	1	2	3	1	4	1	20	9	16	41	45	55	78			279		
Total number of organisers	1	1	1	1	1	2	1	13	6	14	33	34	43	67			218		

TABLE 7.9

LUNCH CLUB ORGANISERS' ASSESSMENTS OF THE DIFFICULTIES THEY WOULD HAVE
IN EXPANDING THEIR SERVICES IN RELATION TO AREA AND POPULATION

Area and population (in 1000's)

Difficulties	Over 100				20 - 100				Under 20				Totals	
	Dundee	Glasgow	Edinburgh		West Central	East Central	North East	Borders	West Central	East Central			N	(%)
None	4	5	5		2	3	1	0	11	6			37	(41)
<u>Inadequate:</u>														
Premises	2	2	4		7	0	0	1	2	3			21	(23)
Food supply	0	1	2		2	0	0	0	1	0			6	(7)
Staff	2	9	5		8	0	1	0	3	1			29	(32)
Equipment	0	2	2		4	0	0	1	1	0			10	(11)
Transport	1	3	2		2	0	1	0	4	1			14	(16)
Finance	0	3	1		4	0	0	1	0	1			10	(11)
Not answered	1	0	0		0	0	0	0	0	0			1	(1)
TOTAL NO. OF RESPONSES	10	25	21		29	3	3	3	22	12			128	(142)
TOTAL NO. OF LUNCH CLUBS	8	19	13		16	3	2	1	18	10			90	

TABLE 9.1

MEALS ON WHEELS RECIPIENTS: SEX AND AGE CHARACTERISTICS OF SAMPLE

SEX

Age in years	Males		Females		Both	
	N	(%)	N	(%)	N	(%)
< 60 years	6	(4)	4	(2)	10	(3)
60 < 65	6	(4)	9	(4)	15	(4)
65 < 70	20	(13)	21	(9)	41	(11)
70 < 75	31	(21)	54	(23)	85	(22)
75 < 80	37	(25)	70	(30)	107	(28)
80 < 85	28	(19)	47	(20)	75	(20)
85 and over	23	(15)	25	(11)	48	(13)
Unknown	0	(0)	2	(1)	2	(1)
Total	151		232		383	

TABLE 9.2

LUNCH CLUB RECIPIENTS: SEX AND AGE CHARACTERISTICS OF SAMPLE

Sex

Age in years	Males		Females		Both	
	N	(%)	N	(%)	N	(%)
< 60	0	(0)	4	(3)	4	(2)
60 < 65	3	(4)	12	(8)	15	(6)
65 < 70	17	(22)	41	(26)	58	(25)
70 < 75	23	(29)	49	(31)	72	(31)
75 < 80	20	(25)	37	(24)	57	(24)
80 < 85	11	(14)	8	(5)	19	(8)
85 and over	5	(6)	6	(4)	11	(5)
Total	79		157		236	

TABLE 9.3
MEALS ON WHEELS RECIPIENTS: LIVING STATUS IN RELATION TO SEX

SEX

Living Status	Males		Females		Both	
	N	%	N	%	N	%
Alone	114	(76)	190	(82)	304	(79)
With - spouse	22	(15)	16	(7)	38	(10)
- sibling(s)	4	(3)	7	(3)	11	(3)
- unmarried child	5	(3)	11	(5)	16	(4)
- married child	1	(1)	3	(1)	4	(1)
- other relatives	4	(3)	5	(2)	9	(2)
- friend(s)	1	(1)	1	(1)	2	(1)
- other	2	(1)	0	(0)	2	(1)
Totals	151		232		383 *	

*Note: totals exceed 100% due to multiple responses.

TABLE 9.4

LUNCH CLUB RECIPIENTS: LIVING STATUS IN RELATION TO SEX

Sex

Living Status	Males		Females		Both	
	N	(%)	N	(%)	N	(%)
Alone	47	(59)	117	(75)	169	(70)
With - spouse	20	(25)	15	(10)	35	(15)
- sibling(s)	0	(0)	0	(0)	0	(0)
- unmarried child	6	(8)	10	(6)	16	(7)
- married child	3	(4)	5	(3)	8	(3)
- other relatives	2	(3)	6	(4)	8	(3)
- friend(s)	2	(3)	2	(1)	4	(2)
- other	1	(1)	3	(2)	4	(2)
Totals	79		157		236*	

* Note: totals exceed 100% due to multiple responses

TABLE 9.5

MEALS ON WHEELS RECIPIENTS: RESPONDENTS' ASSESSMENTS OF THEIR DIFFICULTIES
IN COPING IN RELATION TO AREA POPULATION

Area population (in 1000's)

Respondents' estimates of their difficulties in coping	over 100		50 < 100		20 < 50		under 20		ALL	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
None	29	(24)	21	(34)	15	(32)	51	(33)	116	(30)
Some	55	(45)	19	(31)	12	(26)	66	(43)	152	(40)
Considerable	37	(31)	21	(34)	20	(43)	36	(24)	114	(30)
Unknown	0	(0)	1	(1)	0	(0)	0	(0)	1	(-)
TOTAL NUMBER OF RECIPIENTS	121		62		47		153		383	

TABLE 9.6

LUNCH CLUB RECIPIENTS: RESPONDENTS' ASSESSMENTS OF THEIR DIFFICULTIES IN COPING
IN RELATION TO AREA POPULATION

Area population (in 1000's)

Respondents' estimates of their difficulties in coping	over 100		50 < 100		20 < 50		under 20		All	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
None	79	(70)	26	(68)	11		54	(78)	170	(72)
Some	23	(20)	10	(26)	4		14	(20)	51	(22)
Considerable	11	(10)	2	(5)	1		1	(1)	15	(6)
TOTAL NUMBER OF RECIPIENTS	113		38		16		69		236	

TABLE 9.7

MEALS ON WHEELS RECIPIENTS: GENERAL HEALTH IN RELATION TO SEX

SEX

Respondents' descriptions of their health difficulty	Male		Female		Both	
	N	(%)	N	(%)	N	(%)
No problems	72	(48)	44	(19)	116	(30)
Problems due to:						
- arthritis, rheumatism, lumbago	19	(13)	55	(24)	74	(19)
- limb defects, fractures, amputations	7	(5)	7	(3)	14	(4)
- asthma, bronchitis, breathlessness	8	(5)	13	(6)	21	(5)
- heart conditions, angina, blood pressure - dizzy spells, drop attacks	16	(11)	39	(17)	55	(14)
- Parkinson's, M.S., spasticity	4	(3)	10	(4)	14	(4)
- sight (total or partial defect)	10	(7)	24	(10)	34	(9)
- 'nerves'	0	(0)	2	(1)	2	(1)
- post-operative, convalescent	0	(0)	4	(2)	4	(1)
- general frailty, easily tired	18	(12)	54	(23)	72	(19)
- other	17	(11)	37	(16)	54	(14)
Unknown	1	(1)	4	(2)	5	(1)
TOTAL RECIPIENTS *	151		232		383	

* Percentages may exceed 100 due to multiple responses.

TABLE 9.8

LUNCH CLUB RECIPIENTS: GENERAL HEALTH IN RELATION TO SEX

SEX

Respondents' descriptions of their health difficulty	Male		Female		Both	
	N	(%)	N	(%)	N	(%)
No problems	63	(80)	106	(68)	169	(72)
Problems due to:						
- arthritis, rheumatism, lumbago	0	(0)	17	(11)	17	(7)
- limb defects	0	(0)	1	(1)	1	(-)
- respiratory complaints	2	(3)	2	(1)	4	(2)
- circulatory/cardiac conditions	5	(6)	20	(13)	25	(11)
- Parkinson's disease, M.S., stroke, epilepsy, etc.	4	(5)	3	(2)	7	(3)
- blindness, poor sight	2	(3)	6	(4)	8	(3)
- depression, etc.	1	(1)	3	(2)	4	(2)
- other	3	(4)	12	(8)	15	(6)
TOTAL RECIPIENTS*	151		232		383	

* Percentages may exceed 100 due to multiple responses.

TABLE 9.9

MEALS ON WHEELS RECIPIENTS: LIVING STATUS IN RELATION TO RESPONDENT
ASSESSMENT OF DIFFICULTIES OF SELF-CARE

Respondent assessment of difficulty

Living status	None		Some		Considerable		Totals	
	N	(%)	N	(%)	N	(%)	N	(%)
<u>Lives:</u>								
Alone	98	(85)	124	(82)	81	(71)	304	(79)
With spouse	12	(10)	8	(5)	18	(16)	38	(10)
" siblings	1	(1)	5	(3)	5	(4)	11	(3)
" unnamed child	1	(1)	6	(4)	9	(8)	16	(4)
" married child	0	(0)	1	(1)	3	(3)	4	(1)
" other relatives	2	(2)	7	(5)	0	(0)	9	(2)
" friend	0	(0)	2	(1)	0	(0)	2	(1)
" lodgers	1	(1)	0	(0)	0	(0)	1	(-)
Other	1	(1)	0	(0)	0	(0)	1	(-)
Total recipients*	116		152		114		383	

* Some columns exceed 100% where more than one set of relations is involved, i.e. respondent may live with spouse and unmarried child.

TABLE 9.10

LUNCH CLUB RECIPIENTS: LIVING STATUS IN RELATION TO RESPONDENT ASSESSMENT
OF DIFFICULTIES OF SELF-CARE

Respondent assessment of difficulty

Living status	None		Some		Considerable		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
<u>Lives:</u>								
Alone	124	(73)	31	(61)	9	(60)	164	(69)
With spouse	22	(13)	9	(18)	4	(27)	35	(15)
" unmarried child	11	(6)	5	(10)	0	(0)	16	(7)
" married child	4	(2)	3	(6)	1	(7)	8	(3)
" other relatives	5	(3)	2	(4)	1	(7)	8	(3)
" friend, companion	3	(2)	1	(2)	0	(0)	4	(2)
Other	2	(2)	2	(4)	0	(0)	4	(2)
Total recipients*	170		51		15		236	

* Percentage may exceed 100 due to multiple responses.

TABLE 9.11

MEALS ON WHEELS RECIPIENTS: INTERVIEWERS' ASSESSMENTS OF "ALONE" OLD PEOPLES' ALERTNESS ACTIVITY, AND APPEARANCE IN RELATION TO RESPONDENT DIFFICULTY IN COPING

Interviewers' assessments	Difficulty in coping				Total
	None	Some	Considerable		
	N (%)	N (%)	N (%)	N (%)	N
Respondent is:					
Active and alert	76 (76)	46 (37)	9 (11)		131
Not active or alert	6 (6)	25 (20)	21 (26)		52
Alert but not active	11 (11)	47 (38)	46 (57)		104
Active but not so alert	2 (2)	2 (2)	1 (1)		5
No information	3 (3)	4 (3)	4 (5)		11
Respondent's appearance is:					
Good	69 (70)	86 (69)	52 (64)		207
Fairly good	4 (4)	8 (6)	6 (7)		18
Neglected	16 (16)	23 (19)	17 (21)		56
No information	9 (9)	7 (5)	6 (7)		22
Total	98	124	81		303*

*Note: 1 'difficulty unknown' excluded.

TABLE 9.12

LUNCH CLUB RECIPIENTS: INTERVIEWERS' ASSESSMENTS OF OLD PEOPLES' ALERTNESS
ACTIVITY AND APPEARANCE IN RELATION TO RESPONDENT DIFFICULTY IN COPING

Difficulty in coping

Interviewers' assessments	None		Some		Considerable		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
Respondent is:								
Active and alert	155	(91)	31	(61)	3	(20)	189	(81)
Not active or alert	4	(2)	7	(14)	5	(33)	16	(7)
Alert but not active	9	(5)	13	(26)	7	(47)	29	(12)
Active but not so alert	0	(0)	0	(0)	0	(0)	0	(0)
No information	2	(1)	0	(0)	0	(0)	2	(0)
Respondent's appearance is:								
Good	156	(92)	41	(80)	12	(80)	209	(89)
Fairly good	3	(2)	2	(4)	1	(7)	6	(3)
Neglected	8	(5)	4	(5)	2	(13)	14	(6)
No information	3	(2)	4	(8)	0	(0)	6	(3)
Total	170		51		15		236	

TABLE 10.1

LUNCH CLUB RECIPIENTS: CLUB FACILITIES AND THEIR USE

Facilities	(i) % of members attending clubs which have the facility		(ii) % of members using the facility		(iii) % of members who would like their club to have the facility	
	N	(%)	N	(%)	N	(%)
Snack counter	26	(11)	15	(6)	66	(28)
Television	63	(27)	16	(7)	56	(24)
Games	110	(47)	80	(34)	51	(22)
Lounge, reading room	79	(34)	35	(15)	57	(24)
Library	91	(37)	39	(17)	48	(20)
Chiropody	52	(22)	31	(13)	72	(31)
Hairdressing	26	(11)	7	(3)	95	(40)
Baths	37	(16)	11	(5)	46	(20)
Laundry	27	(11)	11	(5)	53	(23)
Bar	5	(2)	1	(-)	24	(10)
Counter selling sweets, tobacco and other items	42	(18)	31	(13)	64	(27)
Total respondents	236*		236*		236*	

* Note: Percentages exceed 100 due to multiple responses.

TABLE 10.2

MEALS ON WHEELS RECIPIENTS: MEANS OF MANAGING ON NON-DELIVERY DAYS IN RELATION TO HOME HELP ASSISTANCE

Home Help?						
Means of managing on non-delivery days	Yes - now		Yes - in past	No - never		All
	N	(%)		N	(%)	
Friend, neighbour cooks	5	(4)	3	7	(3)	15 (4)
Relation cooks	16	(12)	1	34	(16)	51 (13)
Home help cooks	29	(21)	0	0	(0)	29 (8)
Spouse cooks	5	(4)	0	6	(3)	11 (3)
Recipient cooks	45	(33)	17	98	(46)	160 (42)
Recipient 'makes do'	52	(38)	13	76	(36)	141 (37)
'Makes one meal last two days'	5	(4)	1	8	(4)	14 (4)
'Uses Complian'	1	(1)	0	0	(0)	1 (-)
'Goes out for meal'	6	(4)	0	10	(5)	16 (5)
Total	137		32	213		382*

*Note: One case, Home Help experience unknown, excluded.

TABLE 10.3

LUNCH CLUB RECIPIENTS: MEANS OF MANAGING ON NON-PROVISION DAYS IN RELATION TO HOME HELP ASSISTANCE

Means of managing on non-provision days	Home Help?				
	Yes - now		Yes - in past		All
	N	(%)	N	(%)	
Friend, neighbour cooks	0		0	4 (2)	4 (2)
Relation cooks	0		1	15 (7)	16 (7)
Home help cooks	4		0	0 (0)	4 (2)
Spouse cooks	0		1	18 (8)	19 (8)
Recipient cooks	4		13	108 (50)	125 (53)
Doesn't have cooked meal	6		10	43 (20)	59 (25)
Goes to works canteen	0		0	2 (1)	2 (1)
Goes out for meal	0		0	25 (12)	25 (11)
Other	0		0	3 (1)	3 (1)
Total*	14		24	218	236

*Note: Some recipients gave multiple responses

TABLE 10.4

MEALS ON WHEELS RECIPIENTS: ASPECTS OF MEALS SERVICE APPRECIATED APART FROM MEALS IN RELATION TO
AREA POPULATION

Aspects liked apart from meals	Area and Population(in 1000's)					
	100 or more	50 < 100	20 < 50	under 20	All areas	
	N (%)	N (%)	N (%)	N (%)	N	(%)
Nothing	68	38	34	89	229	(60)
Chance to:						
- chat	15	7	10	33	65	(17)
- seek advice	1	0	0	0	1	(-)
Voluntary workers:						
- do odd jobs	1	1	0	2	4	(1)
- bring books	5	0	0	1	6	(2)
- clothes, etc.	5	0	0	0	5	(1)
It's just nice to see them	17	8	4	22	51	(13)
Other	11	7	0	12	29	(8)
Uncertain, unknown	5	4	0	4	13	(3)
Total recipients*	121	62	47	153	383	

* Note: Some recipients gave multiple responses

TABLE 10.5

LUNCH CLUB RECIPIENTS: ASPECTS OF MEALS SERVICE APPRECIATED APART FROM MEALS IN RELATION TO
AREA POPULATION

Aspects liked apart from meals	Population in 1000's							
	100 or more		50 < 100		20 < 50		under 20	
	N	(%)	N	(%)	N	(%)	N	(%)
No aspects	9	(8)	5	(13)	1		4	(6)
Meeting staff	11	(10)	7	(18)	0		2	(3)
Meeting friends/ company	86	(76)	27	(71)	13		57	(83)
Social activities/ facilities/cards/ bingo/outings, etc.	33	(29)	7	(18)	1		12	(17)
It gets me out	12	(11)	4	(11)	5		16	(23)
Other/passes the time/ saves money at home (bills)	11	(10)	2	(5)	0		3	(3)
Not answered/ don't know	4	(4)	1	(3)	1		2	(3)
Total recipients*	113		38		16		69	
							236	

*Note: Some recipients gave multiple responses.

TABLE 12.1

MEALS ON WHEELS RECIPIENTS WISH TO HAVE MEALS MORE OFTEN: CURRENT PROVISION AND EXTRA

MEALS REQUIRED IN RELATION TO DAY OF THE WEEK

Day of the week	Actual deliveries (to 382 recipients)	Addition required (by 199 recipients)	Total desired	% Increase in service
Monday	217	74	291	34
Tuesday	215	66	281	31
Wednesday	161	98	259	61
Thursday	213	71	284	33
Friday	212	74	286	35
Saturday	16	96	112	600
Sunday	0	81	81	∞
TOTAL	1,034	560	1,594	54

A P P E N D I C E S

LIST OF APPENDICES

<u>Appendix</u>	<u>Title</u>
A	Meals on wheels and lunch club organisers' postal questionnaire
B	Organiser interview questionnaire
C	Meals on wheels and lunch club recipients' interview questionnaire
D	Local Authority interview questionnaire
E	Letters sent to organisers of both services
F	Survey sample and interview areas
G	Expansion of delivery service : 1968-1970 (England and Wales)
H	Registrar General's Classification of Regions, Scotland, 1961
I	Survey classification of meals service menus
J	Characteristics of Meals Services' organisers

APPENDIX A

MEAL PROVISION FOR THE ELDERLY

(Scotland)

1. Meals on Wheels

The investigation

It is hoped that information obtained from this survey will enable us to appreciate more clearly what is involved in the organization and running of the service, and in particular the difficulties and views which you might have in your particular centres.

We thank you for your help.

The University

Edinburgh

1968

Notes for use in completing the questionnaire

1. The questions have been largely pre-coded to make the answering of the questionnaire as simple as possible. This means that a range of possible answers to each question is given and every answer has been given a code number. You should record your answer by ringing whichever code number is applicable.

e.g. in question 1. your organisation is the W.V.S. you should record your answer thus:- (1) . If you are unable to record an answer to any question because details are unavailable, please do not leave a blank space but record 'don't know' or 'no record' etc.

2. The blank columns to the right of each question are for use in later analysis and should not be used.

3. If you find in questions requiring a written answer that the space is inadequate, please use the back page, writing in the number of the question to which the continuation applies. If you have any comments to make on any aspect of the subject that we haven't covered, we should be very grateful to have them - again would you use the blank space at the end of the questionnaire.

4. To O.P.W.C. - if you do not handle transport, please obtain details from J.V.S.

5. When you have completed the schedule please return it to us in the stamped addressed envelope provided.

Section A

Individual serial number

Card number

Hor of ice use only
Cols.

1	2	3
---	---	---

4	5
---	---

1.(i) Name of organisation

Col.

W.V.S.1
O.P.W.C.2
Red Cross.3
Local
Authority.4
Other (specify)5

6	7	8
---	---	---

(ii) Address

(iii) Area town or district
covered by the service

Col.

2. Date of commencement of your service

Cols.

NAME

CENTRE FOR WHICH

INFORMATION REQUIRED.

9	10
---	----

3. How many meals did your service supply at home to people during the week of 20-26th May..... inclusive? (Please indicate those days on which no service is provided by N/S)

On: No. of meals

Cols.

9 - 11

Monday.....meals

12 - 14

Tuesday....."

15 - 17

Wednesday....."

18 - 20

Thursday....."

21 - 23

Friday....."

24 - 26

Saturday....."

27 - 29

Sunday....."

Section B - Extent of service

4. In what way was this not a typical week in regard to the number of meals served?

Col.

30

It was a typical week.....0

Fewer meals served because of:
decreased demand.....1
failure of meal production.....2
failure of transport.....3
other (specify).....4

More meals served because of:
(specify reasons).....7

Don't know/no record.....X

5. How many people received the following number of meals in that week? (If numbers are not known, please write N/K in space provided)

Cols.

31 - 33

No. of people

.....received one meal only

34 - 36

....." two meals

....." three "

....." four "

5. cont.

Cols.

43 - 45

.....received five meals

46 - 48

....." six "

6 (i) Do you think that any of the recipients would benefit from more meals a week than you are able to supply?

Col.

49

Yes.....0
No.....1
Don't know.....X

If 'Yes' (0)

(ii) What prevents you supplying more meals?

Lack of finance.....X Col.
" " voluntary help.....X 50
" " transport.....0
" " L.A. backing.....1
Other (specify).....2

Don't know.....3
Don't think recipients would benefit.....4

7 (i)

How many people have stopped taking meals from you in the last month?

Cols.
51 - 52

None.....X
Don't know/no record.....X

(ii) If some have stopped/over

7(1i) If some have stopped
Why was that?

Death.....1
Hospitalisation.....2
Removed from area.....3
Other (specify).....4

Col.
53

Don't know.....X
None have stopped.....Y

8(1) If you are supplying on average fewer
than four meals per person per week
and it were possible for you to
supply more, what would you do?

Give present recipients more.....0
Take on new recipients.....1
Other (specify).....2

Col.
54

Don't know.....Y
IE DO SUPPLY 4 or more meals.....X

(1i) If you have ringed codes 0, 1, or 2
in answer to the preceding question,
please give your reasons below:

Col.
55

9. Do you find there is less demand for
meals in the summer (i.e. June -
September) than in winter and if so,
why do you think this is?

YES - decreased demand because:
Recipients provide for themselves...0
" on holiday.....1
Other (specify).....2

Col.
56

NO - no change in demand.....X
Don't know.....Y

10(1) If you supply special diets
a) How many people received special diets in
the week 20-26th May... inclusive?

No. of people.....
None.....X
No record.....Y

Col.
57 - 59

10(1) cont.
b) Are you able to meet fully the known
demand for special diets?

Yes.....0
No, because of:
Inadequate finance.....1
" staff.....2
" supply.....3
Other (specify).....4

Col.
60

Don't know.....X
Donot supply special diets..Y
(1i) If you DO NOT supply diets at present,
are you able to supply them if requested?

Yes.....0
No, because of:
Inadequate finance.....1
" staff.....2
" supply.....3
Other (specify).....4

Col.
61

Don't know.....
Supply special diets.....

Section C - The Recipients.

11. Apart from the people reported to you by other organisations, do you have any procedure of your own for discovering those in need?

Yes.....0
No.....1
Don't know.....X
If 'yes', what do you do?

Col 62

Col 63

12. How many people do you know of who need meals but whom you are unable to supply with your present resources?

Fewer than 5.....1
5 - 9.....2
10 - 19.....3
20 - 29.....4
30 - 39.....5
40 - 49.....6
50 - 59.....7
More than 60.....8
Don't know.....9
None.....0

Col 64

13. (a) Who, or which organisation, recommended the recipients at present on your list and whose recommendation would you accept without further investigation?

Present recipients recommended by:

Hospital services...Y
Ministry of Social Security...X
L.A. Health Dept...0
L.A. Welfare Dept...1
Home help/organiser...2
Old peoples' welfare organisation...3
Doctors.....4
Blind or deaf societies.....5
Church organisation...6
Neighbours, friends, relatives.....7
W.V.S.....8
Others (specify).....9

Col 65

Would accept recommendation without investigation from: Y
Col 66

.....X
.....0
.....1
.....2
.....3
.....4
.....5
.....6
.....7
.....8
.....9

14. Which of the following conditions make a person eligible for meals-on-wheels?

Physical handicap.....1
Mental handicap.....2
Unemployed.....3
Single person household.....4
Two person household (both aged).....5
Income limit/means test.....6
Authorisation by welfare officer.....7
Other conditions than those above, which the L.A. impose (specify).....8

Col 67

Other (specify).....9

Don't know.....X
No condition laid down.....0

Serial number

15. Does one of your members investigate every case to establish eligibility?

Col.

Investigate every case.....0
Accept some cases without investigation.....1
Accept all cases without investigation.....2
Don't know.....X

68

16. How often do you review the need of each individual for supply?

Col.

More often than once monthly..1
Every month.....2
Every 3 months.....3
Every 6 months.....4
Every year.....5
Less often than once yearly...6
Don't know.....X
No regular review.....0

69

17(i) What is your total number of recipients?

Col.
70-73

.....Men

.....Women

(ii) How many of your present recipients are men under 65 and women under 60?

Col.
74-77

.....Men under 65
....., women under 60
Don't know.....X
None.....0

Section D - Meal Provision.
18.(i) Do you cook your own meals or obtain them from an outside source?

Col.

Cooked in members' own homes.....1
Cooked in W.V.S. or other organisation's kitchens.....X
Supplied by School Meals Service...0
Supplied by Town Hall kitchen/canteen.....1
Supplied by industrial canteen.....2
Supplied by private hotel/restaurant/cafe.....3
Supplied by Old Peoples' residential home.....4
Supplied by hospital kitchen.....5
Supplied by lunch club kitchens.....6
Supplied by old peoples' centres...7
Other (specify).....8

73

(ii) If you have more than one outside source of meal supply, which is your main supplier?

Col.

School meals Service.....0
Town Hall kitchen/canteen.....1
Industrial canteen.....2
Private hotel/restaurant/cafe...3
Old peoples' residential home...4
Hospital kitchen.....5
Lunch Club.....6
Old peoples' centre.....7
Other (specify).....8

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Survey identification code: X Col 80

Card 2

Individual serial number

Card 2

1 2 3
4 5 6

19(i) Do you offer your normal service all the year round or do you stop delivering at certain times?

Col.

Operates all the year.....0
Stoppages total one week.....1
" " 1-2 weeks.....2
" " 2-3 ".....3
" " 3-4 ".....4
" " more than 4 weeks.....5
Don't know.....X

5

(ii) Why does it stop when it does?

Col

Supplies to centre stopped.....1
Shortage of staff at centre.....2
Financial difficulties.....3
Other (specify).....4

6

Service operates all the year round

20(i) Do you think on the whole that the meals are the most suitable for old people?

Yes.....0
No.....1
Don't know.....X

Col. 7

(ii) If 'yes', in what ways?

Good nutrition.....0
Palatable.....1
Other(specify).....2

Col. 8

(iii) Don't know.....1
Not the most suitable..X

Col. 9

Would you say that the meals are:-
the same from week to week.0
vary from week to week.....1
vary from season to season.2
Other(specify).....3

21(i) Are there any changes you would like to make with regard to

a) the quality of the cooking
b) the source of supply
c) content of meal?

a) Cooking

Bigger premises.....1
More adequate equipment.....2
Other(specify).....3

Col. 10

No changes.....0
Don't know.....X

b) Source of supply

Source with no supply stoppages.1
Other(specify).....2

Col. 11

No changes.....0
Don't know.....X

c)

Content of meal

Control of menu.....1
Increased protein content.....2
" vegetables.....3
" fruit.....4
Other(specify).....5

Col. 12

No changes.....0
Don't know.....X

22. What food was served in the week 20-26th. May inclusive?
(If the service did not operate on certain days, please indicate those days by N/S)

Example
X day - soup, braised beef, boiled potatoes
boiled carrots, treacle pudding.

Monday
Col
13-15

Tuesday

Col
16-18

Wednesday

Col.
19-21

Thursday

Col
22-24

Friday

Col.
25-27

Saturday

Col
28-30

Sunday

Col
31-33

23(i) What time is the first meal generally delivered from your centre?

Col
34-37

(ii) What time is the last meal generally delivered from your centre?

Col
38-41

24(i) How many rounds operate daily from your centre?

Col
42-44

Serial number
24(ii) What is the average time taken to complete a round?

Col
45-47

(iii) How many meals do you deliver on average on a round?

Col
48-50

25. Would you like to shorten the time taken to complete meal delivery?

Yes.....0
No.....1

Col
51

If 'yes', what stops you from doing so?

Col
52

Lack of helpers.....1
" " transport.....2
" " equipment.....3
Other (specify).....4

Col
52

Would not like to shorten time.....0

Less than 3 minutes.....0
3 - 5 minutes.....1
5 - 10 minutes.....2
More than 10 minutes.....3
Other(specify).....4

Don't know.....X

(ii) Do you feel that the visit helps the recipient in any other way than the meal itself? Col

Provides opportunity to chat.....0
" " for advice.....1
" " to check.....2
That nothing is wrong.....3
(ther(specify).....3

Don't know.....X
No - don't think it helps recipient in any other way.....Y

Check up myself.....0
Contact Welfare Officer.....1
Other(specify).....2

--	--

27(i) How many new recipients have you taken on in the last month? Col

No. of new recipients.....0
None.....0
Don't know.....X
(ii) Do you have a waiting list of prospective recipients? Col

Yes.....0
No.....1
(iii) If yes, how many people are on it at the moment? Col

.....people

--	--

(ii) How many of these people were a) paid Col
.....people 63-65
b) volunteers Col
.....people 66-68

(iii) Are voluntary staff Col

Easy to recruit.....0
Not too difficult.....1
Difficult to recruit.....2
Other(specify).....3

29. If you have any difficulties in maintaining your present service, what causes them? Col.

Lack of voluntary helpers.....1
Difficulty in engaging paid help.....2
Other(specify).....3

No difficulty.....0

--	--

30. If you were called upon to extend your present service immediately, which would be your main difficulties?

- Lack of staff.....1
- " " equipment.....2
- " " transport.....3
- Inadequate accommodation.....4
- Other (specify).....5

Col 71

No major difficulties 0

31(i) What vehicles do you use in delivering meals?

- Private cars.....0
- Centre-owned van used for M-O-M only.....1
- Centre-owned van used for M-O-M and other purposes.....2
- Centre-loaned van used for M-O-M only.....3
- Centre-hired van used for M-O-M only.....4
- L.A. vans.....5
- Other (specify).....6

Col 72

Don't know.....X

(ii) How many vehicles do you use in a normal day?

.....private cars

Col 73

.....centre-owned vans used part-time only

.....loaned vans

Don't know.....X

Col 74

32. What improvements would you like to make with regard to transport?

- Acquire more vehicles.....1
- Substitute present cars by vans.....2
- Other (specify).....3

Col 75

Don't know.....X

None.....0

Serial number

33(i) Do you have any special equipment to keep meals warm?

- Yes.....0
- No.....1

Col 76

(ii) Do you have a sufficient number of containers for your present needs?

- Yes.....0
- No.....1

Col 77

(iii) Do you find that the containers are efficient in keeping the food warm?

- Yes.....0
- No.....1
- Other (specify).....2

Col 78

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Col 80

Individual serial number

Card number:- 3

3

34(i) Have you had any capital sums from the L.A. in the last three years and if so, what were they?

Amount £.	S.	D.	Cols 5-8
1955	None...X Cols 9-12
1966	None...X Cols 13-16
1967	None...X Cols 17-19

(ii) For which specific aspects of your service, if any, was it given?

For the year: 1965	1966	1967	Cols 17-19
Equipment.....	1	1	
Transport.....	2	2	
Labour.....	3	3	
Other(specify)	4	4	

Don't know.....	X	X	X
No specific aspect.....	Y	Y	Y
No sum received	0	0	0

(iii) If you receive an annual allowance (excluding capital grants) how much was it for 1967?

£.	S.	D.	Cols 20-23
.....	
None.....	X		

(iv) Is your annual allowance based on your annual deficit?(cost minus payment by recipient)

Yes.....	1	Col 24
No.....	2	
Don't know.....	X	

Don't receive annual allowance.....0

(v) For what specific aspect of your service, if any, is your allowance given?

Provisions.....	1	Col 25
Premises.....	2	
Equipment.....	3	
Transport.....	4	
Labour.....	5	
Other(specify).....	6	

Don't know.....	X
Not given for any specific aspect.....	Y
Do not receive annual allowance.....	0

Serial number

35. Is there any other organisation from whom you received money in the past year?

Organisation	Amount donated	Cols 26-28
.....	
.....	
.....	
.....	
.....	

36. In what other ways do you manage to raise money and how much did you get last year?

Personal donations	£	s	d	Cols 29-31
None.....	
Raffles, coffee mornings	
None.....	
Other(specify)	
None.....	

37(i) How much do you pay for a meals from your supplier?

Cols 32-33

.....s.....d
Don't know.....X
Cook own.....0

--	--

(ii) If you cook your own meals

Cols 34-35

What is the average cost per meal to you?

.....s.....d
Don't know.....X
Obtained from supplier.....0

--	--

(iii) How much does the recipient pay for the meal?

Cols. 36-37

.....s.....d

(iv) Do your charges vary and if so, between what ranges?

Cols 38-41

Yes:-
from.....s.....d to.....s.....d
No variation in charges.....0
Other(specify).....X

--	--	--	--

(v) Are you able to reduce the charge or deliver meals free in specific cases?

Col 42

Yes:-
reduce charge.....1
deliver free.....2
both.....3
Other(specify).....4

--

(vi) Would you like to charge more for meals in specific cases?

Col 43

Yes.....0
No.....1

--

38(i) In your experience do you find that old people who need help in buying or preparing food generally obtain it from the Home Help service?

Col 44

Yes.....0
No.....1
Don't know.....X

--

If no, why is that?

Col 45

--

Serial number

38(ii) In what ways could the Home Help service contribute towards the general work of the Meals-on-Wheels service?

Col 46

None.....0
Yes(specify ways).....1

--

39(i) Do you consider that old people would be helped by the delivery of food supplements free or at reduced prices?

Col 47

Yes-free.....0
Yes - at reduced prices.....1
No.....2
Don't know.....X

--

Do
No
Yes

39(ii) If 'no', why not?

Col 48

If 'yes', which of the following supplements do you think would be particularly useful?

- Milk.....0
- Cheese.....1
- Eggs.....2
- Meat or fish.....3
- Vegetables.....4
- Fruit.....5
- Vitamin supplements.....6
- Other (specify).....7

Col 49

Do not think they would be helped.....X

(iii) Would your service welcome playing a part in delivering these supplements?

Col 50

40. Which aspects of your service, if any, do you receive complaints about?

Col 51

- No aspects.....0
- The type of food items.....1
- Condition of the food.....2
- Delivery times.....3
- Cost of the meal.....4
- Other (specify).....5

41. Have there been any big changes within the past 12 months in connexion with your service: number of meals, persons served, cooking, transport, etc?

Col 52

- Yes.....1
- No.....2
- Don't know.....X

If 'yes', what were these changes?

Col 53

42. Are there any special changes in your service that you would like to be able to make immediately?

Col 54-55

- No.....0
- Yes (specify).....1

43. Finally are there any changes you would like to make in the future?

Col 56-57

- No.....0
- Yes (specify).....1

44. If you would like to comment on any other aspects of the service please do so below and over page. Thank you for your help.

Survey identification code:-X

Col 80

MEAL PROVISION FOR THE ELDERLY

(Scotland)

2. Lunch Clubs

The investigation

It is hoped that information obtained from this survey will enable us to appreciate more clearly what is involved in the organization and running of the service, and in particular the difficulties and views which you might have in your particular centres.

We thank you for your help.

The University

Edinburgh

1968

Notes for use in completing the questionnaire...

1. The questions have been largely pre-coded to make answering the questionnaire as simple as possible. This means that a range of possible answers to each question is given and every answer has been given a code number. You should record your answer by ringing whichever code number is relevant.
e.g. if in question 1 your organisation is the W.V.S. you should record your answer thus:- (1) . If you are unable to record an answer to any question because details are unavailable, please do not leave a blank space but record 'don't know' or 'no record' etc.
2. The blank columns to the right of each question are for use in later analysis and should not be used.
3. If you find in a question requiring a written answer that the space is inadequate, please use the back page, writing in the number of the question to which the continuation applies.
If you have any comments to make on any aspect of the subject that we perhaps haven't covered, we should be grateful to have them - again would you use the blank space at the end of the questionnaire.
4. To O.P.W.3. - If you do not handle transport, please contact W.V.S. for details.
5. When you have completed the schedule, please return it to us in the stamped addressed envelope provided.

NAME OF ORGANISER

CENTRE FOR WHICH INFORMATION REQUIRED

For office use only.

Individual serial number:

Card number: 1

1	2	3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section A

1(1) Name of organisation

W.V.S.....1
O.P.W.C.....2
Red Cross.....3
Local Authority.....4
Other(specify).....5

(11) Area, town or district
covered by service

2. Date of commencement of your service

Col 5	Col 6	Col 7-8
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B Present extent of the service

3. How many meals did your service supply to club members during the week 20-26th. Day inclusive? (please indicate these days on which no service is provided by N/S)

On	No. of meals	Col's.
Monday.....	12-14	9 - 11
Tuesday.....	15-17	
Wednesday.....	18-20	
Thursday.....	21-23	
Friday.....	24-26	
Saturday.....	27-29	
Sunday.....		

4. In what ways was this not a typical week in regard to the number of meals served?

It was a typical week.....0
Fewer meals because of:
decreased demand.....1
failure of meal supply.....2
" " transport.....3
Other (specify).....4

Col 30

More meals served because:
(give reasons).....7

Don't know/no record.....X

Serial number

5. Do you offer your normal service all the year round or do you stop at certain times?

Operate all the year.....0
Stoppages total 1 week.....1
" " 1-2 weeks.....2
" " 2-3 "3
" " 3-4 "4
" " more than 4 weeks.....5
Don't know.....X

Col 31

6. Why do you stop when you do?

Supplies to centre stopped.....1
Shortage of staff at club.....2
Financial difficulties.....3
Other (specify).....4

Col 32

Service operates all the year..0

7. Do you find there is less demand for meals in summer (i.e. June - September) than in winter and if so, why do you think this is?

Yes - decreased demand because:
Recipients provide for themselves..0
" " on holiday.....1
Other (specify).....2

Col 33

Notes for use in completing the questionnaire...

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e.g. if in question 1 your organisation is the W.V.S. you should record your answer thus:- 1. If you are unable to record an answer to any question because details are unavailable, please do not leave a blank space but record 'don't know' or 'no record' etc.
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If you have any comments to make on any aspect of the subject that we perhaps haven't covered, we should be grateful to have them - again would you use the blank space at the end of the questionnaire.
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NAME OF ORGANISER

CENTRE FOR WHICH INFORMATION REQUIRED

For office use only

Individual serial number:

Card number: 1

1	2	3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section A

1(1) Name of organisation

W.V.S.....1
O.P.W.O.....2
Red Cross.....3
Local Authority.....4
Other(specify).....5

(ii) Area, town or district covered by service

2. Date of commencement of your service

Col 5	Col 6	Col 7-8
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B Present extent of the service

3. How many meals did your service supply to club members during the week 20-26th. Day inclusive? (please indicate these days on which no service is provided by N/S)

Day	No. of meals	Col's.
Monday.....	12-14	9 - 11
Tuesday.....	15-17	
Wednesday.....	18-20	
Thursday.....	21-23	
Friday.....	24-26	
Saturday.....	27-29	
Sunday.....		

4. In what ways was this not a typical week in regard to the number of meals served?

Col

30

It was a typical week.....0

Fewer meals because of:

decreased demand.....1

failure of meal supply.....2

" " transport.....3

Other (specify).....4

More meals served because:
(give reasons).....7

Don't know/no record.....X

Serial number

5. Do you offer your normal service all the year round or do you stop at certain times?

Col

31

Operate all the year.....0

Stoppages total 1 week.....1

" " 1-2 weeks.....2

" " 2-3 "3

" " 3-4 "4

" " more than 4 weeks.....5

Don't know.....X

6. Why do you stop when you do?

Col

32

Supplies to centre stopped.....1

Shortage of staff at club.....2

Financial difficulties.....3

Other (specify).....4

Service operates all the year..0

7. Do you find there is less demand for meals in summer (i.e. June - September) than in winter and if so, why do you think this is?

Col

33

Yes - decreased demand because:

Recipients provide for themselves..0

" " on holiday.....1

Other (specify).....2

8(i) How many people have stopped being members in the last month?

No.have stopped

None.....0
Don't know.....X

--	--	--

Col
34-36

(ii) If some have stopped why was that?

Death.....0
Hospitalisation.....1
Removed from area.....2
Other(specify).....3

Don't know.....X

--	--	--

Col
37

9(i) If you supply special diets
a) How many people received special diets in the week 20-26 May inclusive?

No. of people
None.....0
Don't know/no record.....X

--	--	--

Col
38-40

Do not supply special diets. X

9(i) cont.
b) Are you able to meet fully the demand for special diets?

Yes.....0

No- unable to supply because of:-
inadequate finance.....1
" staff.....2
" supply.....3
Other(specify).....4

Don't know.....X

--	--	--

Col.
41

(ii) If you do not supply special diets at present, are you able to supply them if asked?

Yes.....0

No - because of:-
inadequate finance.....1
" staff.....2
" supply.....3
Other(specify).....4

Don't know.....X

Col
42

Serial number

--	--	--	--

Section C - The Recipients

1C(i) Apart from those coming to you by themselves, and those reported to you by other organisations, do you have any procedure of your own for discovering those in need of your service?

Yes0
No.....1
Don't know.....X

(ii) If 'yes', what do you do?

Col
44

11. How many people do you know who need meals but whom you are unable to supply with your present resources?

Fewer than 5.....1
5-9.....2
10-19.....3
20-29.....4
30-39.....5
40-49.....6
50-59.....7

Col
45

12. (i) How many members have joined the club in the last month?

Col. 46 - 48

No. of members.....
None.....0
Don't know.....X

☐☐☐

(ii) Do you have a waiting list of prospective members?

Col 49
Yes.....0
No.....1

☐

(iii) If Yes

How many people are on it at the moment?

C 5
1

13. (i) Are there any restrictions on the number of times a member can come to the Lunch Club per week?

Yes.....0
No.....1

(ii) If Yes, what are the restrictions?

Col 52
1

14. (i) Who, or which organisation recommended the recipients at present on your list and whose recommendations would you accept without further investigation?

Present recipients recommended by:

Would accept recommendation without investigation from:

Col 53
Hospital services...Y
Ministry of Social Security...X
L.A. Health Dept. .0
L.A. Welfare Dept. .1
Home help/organiser .2
Old peoples' welfare organisation.....3
Doctors.....4
Blind or deaf societies.....5
Church organisation.6
Neighbours, friends, relatives.....7
W.V.S.8
Others.....9
(specify)

Col 54

☐

(ii) Which of the following conditions make a person eligible for membership?

Col 55

Physical handicap.....
Mental handicap.....
Unemployment.....
Single person household.....
Two person household (both aged) 1
Low income.....
Authorisation by Welfare Officer .7
Other conditions than those above which L.A. impose (specify) 8
Other (specify).....9

☐

Don't know0
No conditions laid down.....X

15. Does one of your own members investigate every case to establish eligibility?

Investigate every case.....0
Accept some cases without investigation.....1
Accept all cases without investigation.....2
Don't know.....X

☐

16. How often do you review the need of each individual for supply?

More often than once monthly.....1
Every month.....2
Every three months.....3
Every six months.....4
Every year.....5
Less often than once yearly.....6
Don't know.....X

Col 57

☐

17. (1) How many members do you have?

Col's
58 - 61

.....menwomen

1	1	1	1
---	---	---	---

(11) How many men under 65 and women under 60?

Col's
62 - 65

Men under 65 _____

Women under 60 _____

Don't know.....X

None.....0

63	64	65
----	----	----

18. If you were asked to extend your service immediately, what would be your major difficulties?

Col
66

- Inadequate premises.....1
- " food supply.....2
- " staff.....3
- " equipment.....4
- " transport.....5
- " finance.....6
- Other (specify).....7

66

Would have no major difficulties..0

Section C - Club Premises

19. Are the premises:

- Club property.....0
- L.A. property.....1
- Old Peoples' Welfare Club..2
- Red Cross property.....3
- W.V.S.4
- Part of Community Centre..5
- Other (specify).....6

Col
67

67

Section D - The Meals

20. (1) Do you cook your own meals or obtain them from an out-side source?

Col
68

- Cooked on premises.....0
- Supplied by School Meals Service..1
- " " Meals-on-Wheels.....2
- " " industrial canteen.....3
- " " private hotel/cafe.....4
- " " old peoples' residential homes.....5
- Supplied by hospital kitchen.....6
- " " Town Hall canteen.....7
- Other (specify).....8

68

Serial number

69	70	71	72
----	----	----	----

(11) If you have more than one outside source of meal supply, which is your main supplier?

Col
69

- School Meals Service.....0
- Town Hall kitchen/canteen.....1
- Industrial canteen.....2
- Private hotel/restaurant/cafe..3
- Old peoples' residential home..4
- Hospital kitchen.....5
- Lunch Club.....6
- Old peoples' centre.....7
- Other (specify).....8

69

Only one source of supply.....X

21. On which of these days do you serve meals?

Col
70

- Monday.....0
- Tuesday.....1
- Wednesday.....2
- Thursday.....3
- Friday.....4
- Saturday.....5
- Sunday.....6

70

.....X'D

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Col 80

Survey identification code: Y

Individual serial number 1 ☐ 2 ☐ 3 ☐

Card number: 2 4 ☐ 2

22. What were the menus for the week 20 - 26th May inclusive? (If your service was not operating on certain days, please indicate those days by N/S)

Example:- 'X' day - soup, braised beef, boiled potatoes, cabbage, treacle pudding.

Cols.

Monday 5 - 7

☐ ☐ ☐

Tuesday 8 - 10

☐ ☐ ☐

Wednesday 11 - 13

☐ ☐ ☐

Thursday 14 - 16

☐ ☐ ☐

Friday 17 - 19

☐ ☐ ☐

Saturday 20 - 22

☐ ☐ ☐

Sunday 23 - 25

☐ ☐ ☐

23. Would you say that the menu is: Col.

26

the same from week to week. 0

varies from week to week. 1

" " season to season. 2

Other (specify)..... 3

24. (i) Do you think that the meals are on the whole the most suitable for old people?

Col. 27

Yes 0
No 1
Don't know X

(ii) If 'Yes'

In what ways?

Good nutrition 0
Palatable 1
Other (specify) 2

Col. 28

Don't know X
Not the most suitable. Y

Serial number

(iii) If 'No'

How could they be improved? Would you like to see:

increased protein content. 0
" fruit 1
" vegetable 2
Other (specify) 3

Don't know X
Think the meals are most suitable. Y

25. (1) When is the meal time?

From to

& From to

(ii) Would you like to be able to extend the hours?

Yes 0
No 1

(iii) If 'Yes', why don't you?

Lack of staff 0
" " equipment 1
Other (specify) 2

Col. 38
Col. 39

Col. 29

Cols. 30 - 33

34 - 37

26.

Do you operate:

self service.....0 ☐ Col. 40
 table service.....1 ☐
 Both.....2 ☐
 Other (specify).....3 ☐

27. Is there generally a queue at meal time?

Col. 41
☐

Yes.....0
 No.....1

28. (i) Are you satisfied with the speed of service?

Yes.....0
 No.....1

Col. 42
☐

(ii) Are the members generally satisfied with the speed of service or do you get some complaints?

Col. 43
☐

Yes, satisfied.....0
 No, some complaints..1

29. (i) How are the meals kept hot?

Col. 44
☐

(ii) Are you satisfied with the present means of keeping the food hot (or reheating)?

Col. 45
☐
 Yes.....0
 No.....1

(iii) Are the members generally satisfied with the warmth of the meals, or do you get some complaints?

Col. 46
☐

Yes, generally satisfied..0
 No, some complaints.....1

30. Have you received any consistent complaints about any particular aspect of the meals?

Col. 47
☐

Yes - the way they are served...1
 the cost.....2
 Other (specify).....3

No - no complaints.....0

Section E - The Staff ☐ Serial number ☐ ☐ ☐

31. (i) How many people were working in the Lunch Club in the week 20th - 26th May inclusive?

Col. 48 - 50
☐ ☐ ☐

(ii) How many staff were:

a) paid.....

Col. 51 - 53
☐ ☐ ☐

b) volunteers.....

Col. 54 - 56
☐ ☐ ☐

(iii) Are voluntary staff:

easy to recruit.....0
 not too difficult.....1
 difficult to recruit..2
 Other (specify).....3

Col. 57
☐

32. (i) If you have any difficulties in maintaining your present service, what causes them?

Lack of voluntary help.....1
 Difficulty in engaging paid help2
 Other (specify).....3

Col. 58
☐

No difficulty.....0

35.(i) If staff, premises and food source were all adequate, do you think your service would be most usefully extended by:

Living present members more meals..0
Taking on new members1
Other (specify).....2

D.K.X

(ii) If you have ringed codes 0, 1, 2 in answer to the preceding question, please give your reasons below:

Section F - Transport

3.. (i) If meals cooked outside

what transport do you use to bring the meals to the Club?

Private car.....X
Club-owned van.....0
L.A. van.....1
Other (specify).....2

35. Does the vehicle have adequate means of keeping the food hot?

Yes.....X
No.....0

FOR OFFICE USE ONLY
Survey identification code: Y Col. 80 Y

Individual serial number Office use only

Cols. 1 2 3

Card number: 3 4 3

Section G - Finance and Administration

36. (i) Have you had any capital sums from the L.A. in the last three years and, if so, what were they?

£ s. d. Col.
1965 None...X 5 - 8
1966 None...X 9 - 12
1967 None...X 13 - 16

(ii) If 'Yes' for which specific aspects of your service was it given?

For the year...1965...1966...1967
Equipment..... 1 1 1
Transport..... 2 2 2
Other (specify) 3 3 3

Don't know..... X X X
Not given for any specific aspect..Y Y Y
Did not receive financial support from L.A.0 0 0

Serial number

(iii) If you received an annual allowance from the L.A., (excluding capital grants) how much was it last year?

£.....s.d. Col.s.
None.....X 20 - 23

(iv) Is this allowance based on your annual deficit (cost minus payment by members)?

Yes.....0
No.....1
Don't know.....X
Don't receive annual allowance.....Y

(v) For what specific aspect of your service, if any, is the allowance given?

Provisions.....1
Premises.....2
Equipment.....3
Transport.....4
Labour5
Other (specify).....6

Don't know.....X
Not given for any specific aspect.....Y
Do not receive annual allowance.....0

37. Is there any other organisation from whom you have received money in the past year?

Col.s.
26 - 28

Organisation

Amount donated

.....

.....

☐ 27

.....

.....

☐ 28

.....

.....

☐ 29

None.....X

38. In what other ways do you manage to raise money and how much did you get last year?

Col.s.
29 - 31

£ s. d.

☐ 29

Personal donations.....None..X

☐ 30

Raffles

☐ 31

coffee

☐ 32

morning.....None..X

☐ 33

Other

(specify).....None..X

☐ 34

39.(i) How much do you pay for a meal from your supplier?

Col.s.
3, 33

.....s.d.

Don't know.....X

☐ 35

Cook own.....0

(ii) If you cook your own meals

What is the average cost per meal to you?

Col.s.
34 35

.....s.d.

Don't know.....X

☐ 36

Obtain from supplier.0

(iii) How much does the recipient pay for the meal?

Col.s.
36, 37

.....s.d.

☐ 38

(iv) Do your charges vary and if so between what range?

Col.s.
38 - 41

Yes -

from.....s.....d. tos.....d.

No variation in charges.....0

Other (specify).....X

☐ ☐ ☐ ☐

(v) Are you able to reduce the charge or deliver meals free in specific cases?

Yes - reduce charge.....1

Col.
42

deliver free.....2

☐ 43

both.....3

Other (specify).....4

No.....0

(vi) Would you like to charge more for meals IN SPECIFIC CASES?

Col.
43

Yes.....0

No.....1

☐ 44

40. (i) What are your charges for tea and snacks between meals?

s. d.

Col.
44

Tea.....1

☐ 45

Coffee.....2

Squash.....3

Sandwiches.....4

Cakes.....5

Other (specify).....6

Do not supply tea/snacks...0

(ii) Are these available all day?

Yes.....X
No.....0

Col. 45 ☐

Suggestions for changes or improvements

44. Which of the following facilities does your Lunch Club provide?

- Lunch only.....X
- Snack meals.....0
- Hairdressing/barbering....1
- Chirobody.....2
- Television.....3
- Bathing.....4
- Laundry.....5
- Library.....6
- What else (specify).....7

Col. 46 ☐

42. What other facilities do you think the Lunch Club would benefit from having?

None.....0
Other facilities(specify).1

Col. 47 ☐

Don't know.....X
Do not think Club needs more facilities.....Y

43. (i) Do you consider a case could be made for supplying old people with free transport to the Club?

Yes.....0
No.....1

Col. 48 ☐

(ii) If 'No' Why is that?

Col. 49 ☐

44. (i) Do you consider that a Club like yours could help by supplying old people with food supplements either free or at reduced prices?

Yes - free.....0
Yes - at reduced prices..1
No.....2
Don't know.....X

Col. 50 ☐

(ii) If 'No' - Why not?

Col. 51 ☐

(iii) If 'Yes'

Which of the following supplements do you think would be particularly useful?

- Milk.....0
- Vegetables.....1
- Cheese.....2
- Eggs.....3
- Meat or fish.....4
- Fruit.....5
- Vitamin supplements..6
- Other (specify).....7

Col. 52 ☐

Do not think they would be helped.....X

(iv) Apart from food supplements, are there any other items that you would like to sell to the old people at reduced prices?

No.....0
Yes (specify items).1

Col. 53 ☐

D.K.X

45. (i) In your experience do you find that old people who need help in buying or preparing food generally obtain it from the Home Help Service?

Yes.....0
No.....1
Don't know.....X

Col. 54
☐

If 'No'
Why is that?

Col. 55
☐

(ii) In what ways, if any, could the Home Help Service contribute towards the general work of the Munch Club service?

None.....0
Yes (specify ways).....1

Col. 56
☐

Don't know.....0

46. Have there been any big changes within the past 12 months in connection with your service: number of meals, persons served, cooking transport, etc.

Yes.....1
No.....2
Don't know.....X

Col. 57
☐

If 'Yes'
What were these changes?

Col. 58
☐

47. Are there any special changes in your service that you would like to be able to make immediately?

No.....0
Yes (specify).....1

Col. 59, 60
☐☐

48. Finally, are there any changes you would like to be made in the future?

No.....0
Yes (specify).....1

Col. 61, 62
☐☐

49. If you would like to comment on any other aspects of the service please do so below and over page.
Thank you for your help.

Survey identification: Y

APPENDIX B

MEAL PROVISION FOR THE ELDERLY

(SCOTLAND)

C. Meals on Wheels and Lunch Club Organisers' Questionnaire

Department of Social Medicine,
The Usher Institute,
Warrender Park Road,
EDINBURGH, 9.

MAY, 1968.

Organiser's

Name

Address

Meals on Wheels centre (s)
for which responsible:

Interviewer

Lunch Club (s) for which
responsible:

Date

Time began interview:

Questionnaire for

Time ended interview:

..... centre

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A. Type of centre 1. Meals on Wheels

Col 1

2. Lunch Club

☐

B. Questionnaire centre number:

2 ☐ 3 ☐ 4 ☐

C. Organiser's Serial number:

5 ☐ 6 ☐ 7 ☐

D. Card number: 1

8 ☐ 1

Serial number

☐ ☐ ☐

1. (i) Firstly, would you tell me something about the way the service started here. Was it purely voluntary or did you actually start off with Local Authority backing?

	Col 9
Began as voluntary effort	0
Began with LA support	1
DK	X

If purely voluntary:

- (ii) For how long did the service operate without LA support?

	Col 10
0 - 6 months	0
7 months - 1 year	1
1 - 2 years	2
More than 2 years	3
DK	X
Still operating without LA support	4
NA - began with LA support	Y

If respondent is the original organiser:

- (iii) Did you have any difficulties in getting the service started?

	Col 11
No - none	0
Yes - due to lack of LA support	1
- " " " money specifically	2
- " " " voluntary helpers	3
- other (specify)	4
DK	X
NA - respondent not original organiser	Y

2. (i) For how long have you been organising this service?

	Col 12
Up to one year	0
1 - 2 years	1
3 - 5 years	2
6 - 10 years	3
More than 10 years	4

Serial number ☐ ☐ ☐

(ii) Could you tell me a little about how you came to be organiser?

	Col 13

3. (i) You say that the service did/did not have LA backing at the beginning. How much contact do you have with LA officials now in matters relating to this particular centre?

	Col 14
None	0
Frequent	1
Quite frequent	2
Infrequent	3
Other (specify)	4

If any contact → (ii) - (iv):

(ii) About how often are you in contact?

	Col 15
More than 1 x 1 week	0
About once a week	1
About once a fortnight	2
About once a month	3
Less than once a month	4
DK	X
NA - no contact	Y

(iii) With which officials do you have contact?

	Col 16
LA Health department	0
LA Welfare department	1
Home Help service	2
Other (specify)	3
DK	X
NA - no contact	Y

Serial number ☐ ☐ ☐

(iv) What sort of things are you usually in contact with them about?

	Col 17
Finance	0
Recipient selection	1
Recipient domestic difficulties	2
Other (specify)	3
DK	X
NA - no contact	Y

4. (i) Thinking about the financial side, could you do with more help from the LA or is your present financial support adequate to meet your needs?

	Col 18
Yes - adequate	0
No - inadequate to meet needs	1
Other (specify)	2
DK	X
NA - No financial support	Y

If no financial support or present support inadequate
→ (ii) - (iv)

(ii) Have you applied to the LA for more money in the past year?

If "Yes" → (iii)

If "No" → (iv)

	Col 19
Yes	0
No	1
DK	X
NA - adequate support	Y

(iii) What happened?

	Col 20
DK	X
NA	Y

(iv) Why not

	Col 21
DK	X
NA	Y

Serial number ☐ ☐ ☐

5. (i) Do you find that the LA is at all reluctant to maintain your present grant or not?

	Col 22
Yes	0
No	1
DK	X
NA - no grant	Y

- (ii) If you wanted to extend your service immediately would you anticipate having any difficulty in getting the LA to support you financially?

	Col 23
Yes	0
No	1
Other (specify)	2
DK	X

- (iii) In your opinion is there a need to extend your service now or in the near future?

	Col 24
Yes	0
No	1
DK	X

6. (i) Who recommended the majority of recipients on your current list?

	Col 25
Hospital	0
Ministry Social Security	1
LA	2
OPWC	3
Doctors	4
Blind/deaf societies	5
Church	6
Neighbours, friends, relatives	7
WVS	8
Other (specify)	9
DK	X

- (ii) Does the LA laydown rules for accepting recipients which you have to adopt?

	Col 26
Yes	0
No	1
Other (specify)	2
DK	X

If "Yes" → (iii) (iv)

(iii) Do you generally agree with them or do you think that some are unnecessary? (specify which)

	Col 27
Generally agree	0
Some unnecessary (list)	1
Other (specify)	2
DK	X

(iv) If you suggest a recipient does the LA usually accept your recommendation without question?

	Col 28
Yes	0
No	1
Other (specify)	2
DK	X

7. Whether or not the LA impose conditions for acceptance, which of the following factors do you take into account in selecting your members?

(check for each)

If selection based on age → (i)

" " " " " disability → (ii)

" " " " " poverty → (iii)

" " " " " isolation → (iv)

" " " " " special rec. → (v)

	Col 29
Age	1
Disability	2
Poverty	3
Isolation	4
Special recommendation	5
None of above	0

(i) What is the lowest age you admit? _____

	Col 30
DK	X
NA - age not taken into account	Y

(ii) What disabilities do you recognise?

	Col 31
DK	X
Disability not taken into account	Y

Serial number ☐ ☐ ☐

(iii) How would you define poverty in this instance?

	Col 32
DK	X
Poverty not taken into account	Y

(iv) What do you consider isolation to be?

	Col 33
DK	X
Isolation not taken into account	Y

(v) Whose references would you accept without further investigation.

(Check for each and circle where relevant)

Any other?
(specify)

	Col 34
Doctor	1
District Nurse	2
Social Worker	3
Almoner	4
Home Help organiser	5
Clergy	6
Relatives	7
Friends	8
LA	9
Other (specify)	X
NONE	0

8. (i) In general would you say that you were:-

If fairly/not really satisfied
→ (ii) and (iii), if satisfied
→ (iii)

	Col 35
Very satisfied with present selection system	0
Fairly satisfied	1
Not really satisfied	2

(ii) What improvements would you like to see?

	Col 36
DK	X
NA - satisfied with system	Y

Serial number

☐ ☐ ☐

- (iii) Do you cater for any recipients who in your opinion could manage without your service?

If "Yes" → (iv)

	Col 37
Yes	0
No	1
DK	X

- (iv) What sort of people are they?

v. Do you consider that potential needy recipients exist who do not get your help?
 Yes — No —
 If yes what sort of people are they? D.K. — X

	Col 38
DK	X
NA - only cater for needy	Y

9. (i) How far does your centre go towards catering for the total MoW/LC needs of the community it serves?

If considered inadequate → (ii)

	Col 39
Meets the needs	0
Does not meet needs	1
DK	X

- (ii) What would you need to do and have to make it adequate?

	Col 40
DK	X
NA - adequate for need	Y

10. Apart from finances, what are your main difficulties in running your service?
 (Check for each and circle where relevant)

If inadequate premises → (i)

" " " equipment → (ii)

" " " food supply → (iii)

" " " staff → (iv)

Other → (v)

	Col 41
Inadequate premises	1
Inadequate equipment	2
Inadequate food supply	3
Inadequate staff	4
Other (specify)	5
DK	X
No major difficulties	0

Serial number ☐ ☐ ☐

- (i) In what ways are the premises a problem to you?

	Col 42
Too small	0
Difficult to heat	1
Badly ventilated	2
Other (specify)	3
DK	X
NA - premises satisfactory	Y

- (ii) In what ways is equipment troublesome?

	Col 43
Too little equipment	0
Old, outdated equipment	1
Other (specify)	2
DK	X
NA - equipment satisfactory	Y

- (iii) What is it about the food supply that causes trouble

	Col 44
Holiday stoppages	0
Quality of food	1
Other (specify)	2
DK	X
NA - food supply satisfactory	Y

- (iv) What are your main staff difficulties?

	Col 45
Recruitment voluntary helps	0
Inability obtaining paid help	1
Voluntary help unreliable	2
Other (specify)	3
DK	X
NA - staffing satisfactory	Y

- (v) Other (specify)

	Col 46
--	--------

DK X
NA - no other difficulties Y

Serial number

☐ ☐ ☐

11. (i) If the service was to expand would you prefer to have:-

	Col 47
Paid help	0
Further voluntary help	1
Some of both	2

(ii) Why do you say that?

(preference for paid help
→ (a)
preference for voluntary
help → (b)
preference for both
→ (c)

(a)

	Col 48
DK	X
NA - no preference (a)	Y

(b)

	Col 49
DK	X
NA - no preference (b)	Y

(c)

	Col 50
DK	X
NA - no single preference	Y

12. All W.V.S. organisers

Are your voluntary helpers:

	Col 51
(a) All members of W.V.S.	
YES	0
NO	1
DK	2
(b) All recruited locally	
YES	3
NO	4
DK	X
NA - not W.V.S. organiser	Y

Serial number

--	--	--

13. If food supplied by outside supplier:

(i) Would you prefer to cook your food yourselves rather than buy in from outside?

	Col 52
YES	0
NO	1
DK	X
NA - cook own food	Y

If "Yes" or "No"

(ii) Why is that?

	Col 53
DK	X
NA - cook own food	Y

(iii) Have you ever complained about the quality of food you receive from your supplier?

If "Yes" → (iv) and (v)

	Col 54
YES	0
NO	1
DK	X
NA - cook own food	Y

(iv) To whom did you complain?

	Col 55
DK	X
NA - no complaint, cook own food	Y

(v) What was the result?

	Col 56
DK	X
NA - no complaint, cook own food	Y

14. (i) Thinking about complaints in general, what happens if a recipient complains about any aspect of the service - are the complaints referred to you or are they dealt with by someone else?

	Col 57
All referred to me	0
Some referred to me	1
None referred to me	2
DK	X

- (ii) Who usually deals with the complaints?

	Col 58
Organiser	0
Other (specify)	1
DK	X

- (iii) Do you investigate each case personally (though not necessarily deal with it)?

	Col 59
Yes - always	0
Yes - usually	1
Not usually	2

- (iv) What sort of complaints do you usually have - if any?

	Col 60

- (v) On the whole would you say that the sort of complaints made by recipients are usually fair or not?

	Col 61
Yes - usually reasonable	0
No - usually unreasonable	1
Sometimes reasonable, sometimes not	2
DK	X
NA - never have complaints	Y

- (vi) Have you made any changes in your service as a result of suggestions made by recipients?

	Col 62
YES	0
NO	1
DK	X

If "Yes" → (vii)

Serial number ☐ ☐ ☐

(vii) Could you tell me about them?

	Col 63
NA - no changes	Y

15. (i) Do you regularly visit the recipients yourself?

If "Yes" → (ii)

	Col 64
Yes	0
No	1
Other (specify)	2

(ii) How often do you visit them?

	Col 65
> 1 x 1 week	1
About 1 x 1 week	2
" 1 x 2 weeks	3
" 1 x 4 weeks	4
< 1 x 4 weeks	5
DK	X
NA - does not visit	0

(iii) Does any member of your staff regularly visit them (apart from meal delivery)?

If "Yes" → (iv)

	Col 66
Yes	0
No	1
Other (specify)	2
DK	X

(iv) About how often?

	Col 67
> 1 x 1 week	1
About 1 x 1 weeks	2
About 1 x 2 weeks	3
About 1 x 4 weeks	4
< 1 x 4 weeks	5
DK	X
NA - do not visit	0

Serial number ☐ ☐ ☐

16. (i) Do you think that the MoW/LC service functions in any way other than just providing meals?

If "Yes" → (ii)

	Col 68
Yes	0
No	1
Other (specify)	2
DK	X

- (ii) What other functions does it have?

	Col 69
DK	X
NA - no other function	Y

- (iii) Could these functions be exploited more by co-operation with another service or organisation?

If "Yes" → (iv)

	Col 70
Yes	0
No	1
Other (specify)	2
DK	X
NA	Y

- (iv) a. Which organisation(s)?

	Col 71
DK	X
NA - could not be further exploited	Y

- b. How could they be more fully exploited by co-operation with (a.)?

	Col 72
DK	X
NA - could not be further exploited	Y

Serial number ☐ ☐ ☐

17. (i) Do you have any procedure for reporting people who appear to be in need of help to any other organisation or authority?

If "Yes" → (ii)

	Col 73
Yes	0
No	1
Other (specify)	2
DK	X

- (ii) What do you do?

	Col 74
Contact doctor	0
Contact health visitor	1
Contact L.A. department	2
Other (specify)	3
DK	X
NA - do not report	Y

18. (i) In your experience what are the main problems of the elderly in regard to food and diet?

	Col 75
DK	X

- (ii) What else - apart from food and diet?

	Col 76
DK	X

- (iii) What do you see as the limit that your service can provide in terms of alleviating (i) and (ii)?

	Col 77
DK	X
NA - no problem specified	Y

(1)

Serial number ☐ ☐ ☐

(ii)

	Col 78
DK	X
NA - no problem specified	Y

If Meals on Wheels organisers
Questions 19 - 20

19. (i) If you close down for any period are you able to arrange with the LA to send a Home Help or are you able to make other arrangements?

If unable to make arrangements
→ (ii)

	Col 79
Arrange alternative care with LA	1
Arrange alternative care with other (specify)	2
Other (specify)	3
NOT ABLE to make alternative arrangement	0
DK	X

<u>For office use only</u>	Survey identification code: 3	Col 80	<input type="checkbox"/> 3
A. Type of centre	1. Meals on Wheels	1	<input type="checkbox"/>
	2. Lunch Clubs	2	<input type="checkbox"/>
B. Questionnaire centre number:		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
C. Organiser's serial number:		5	<input type="checkbox"/>
		6	<input type="checkbox"/>
		7	<input type="checkbox"/>
D. Card number: 2		8	<input type="checkbox"/> 2

(ii) Would you like to be able to make alternative arrangements for times when your service isn't operating?

If "Yes" → (iii)

If "No" → (iv)

	Col 9
Yes	0
No	1
Other (specify)	2
DK	X

Serial number ☐ ☐ ☐

(iii) Why is that?

	Col 10
DK	X
NA - would not like other arrangements	Y

(iv) Why is that?

	Col 11
DK	X
NA - would like other arrangements	Y

20. How often do you see your
divisional organiser?

	Col 12
Once a week or more	1
About once a fortnight	2
About once a month	3
Less than once monthly	0
DK	X

If lunch club organiser

21. (i) Are you able to make
arrangements to have meals
delivered to members who are
unable to come to the Club?

If unable to make arrangements

	Col 13
No - not able	0
Yes - we deliver	1
- M on W deliver	2
- arrange with Home Help	3
Other (specify)	4
DK	X

(ii) Would you like to be able
to make alternative
arrangements?

If "Yes" → (iii)

If "No" → (iv)

	Col 14
Yes	0
No	1
Other (specify)	2
DK	X

Serial number ☐ ☐ ☐

(iii) Why is that?

	Col 15
DK	X
NA - would not like other arrangements	Y

(iv) Why is that?

	Col 16
DK	X
NA - would like other arrangements	Y

22. (i) How many people are on your current waiting list?

(give exact figure if available)

	Col 17
None	0
1 - 9	1
10 - 24	2
25 - 49	3
50 - 74	4
75 - 100	5
More than 100	6
DK	X

If any on list → (ii)

(ii) Do you ever stop supplying a current recipient in favour of one on the waiting list whose need you feel is greater?

If "No" → (iii)

	Col 18
Yes	1
No	2
NA - no one on waiting list	0

(iii) Why is that?

	Col 19
DK	X
NA - do not stop supply	Y

Now I should like to ask you a little about yourself.

1. (i) How long have you been doing this kind of work?

	Col 20
0 - 1 year	0
1 - 2 years	1
3 - 5 years	2
6 - 10 years	3
More than 10 years	4
DK	X

(ii) What was it about the work that attracted you - why did you take it up years ago?

	Col 21
DK	X

2. (i) About how many hours weekly do you spend on your work at ?

Col 22
Col 23

(ii) Are you a paid or voluntary worker?

	Col 24
Voluntary	0
Paid	1

3. (i) At what age did you leave school?

	Col 25
14	1
15	2
16	3
17	4
18	5

(ii) Did you have any other training after you left school?
(If certificates/degrees, give name/subject)

Col 26	
None	0
Secretarial	1
College	2
University	3
Other	4
.....	

4 If ever employed full-time

Col 27
Occupation:

5 Married women

Col 28
Husband's occupation

6 Age (if reluctant to give precise age, ask in general terms and record below. If necessary give estimate - record as e.g. 45E)

Col 29
Col 30

7 Regular churchgier (i.e. 1x1 month)

Col 31	
Yes	0
No	1
DK	2

8 Marital status

Col 32	
Married	0
Divorced/separated...	1
Widowed.....	2
Single	3
No information	X

9 Any other comments

10 Survey identification. 3

Col 80

3

APPENDIX C

MEAL PROVISION FOR THE ELDERLY
(SCOTLAND)

A. Meals on Wheels Recipient
Questionnaire.

Department of Social Medicine,
The Usher Institute,
Warrender Park Road,
EDINBURGH, 9.

May, 1968.

Introduction:

I am _____ from the University of Edinburgh.
I believe that you have meals delivered to you by the Meals
on Wheels service and I should very much like to talk to
you about it. Of course anything you say will be treated
confidentially and your name will not be mentioned.

Respondent -

For Office use
only

Name

Address

.....

Schedule
number :

Interviewer

Date

Time began
interview:

A. Respondents
Serial number

1 ☐ 2 ☐ 3 ☐

Card number

4 ☐

1. Are you getting a
cooked dinner delivered by
the meals on wheels service?

Yes.....0
No.....1

Col No

5

☐

If Yes:

(ii) For how long did you
have the meals delivered?

Less than 1 month0

1-2 months.....1

3-5 months.....2

6 mths-1 year3

More than 1 year.....4

D.K.....X

(iii) Why did you stop having
them?

Disliked the food.....0

Too expensive.....1

Other (specify).....2

If "No" (1) check

(i) Have you ever had
meals delivered to you?

Yes.....0
No.....1

6

☐

If "No" - conclude interview

7

☐

8

☐

D.K.....X

Complete personal data and
end interview

2. (i) How did you first get to know about the meals on wheels service?

Friend.....0 Hospital.....7
Neighbour..1 Clergy.....8
Relative...2 Other (specify)9
Doctor.....3
District
nurse.....4
Social
worker....5 D.K.X
Health
Visitor...6

2. (ii) Were you able to have the M. on W. immediately you asked for them or was there a waiting list?

Received them immediately...0
Put on waiting list.....1
Other (specify)2

D.K.X

If put on waiting list

(iii) How long did you wait?

Less than a week.....1
1-4 weeks.....2
5-12 weeks.....3
13-24 weeks.....4
More than 6 months.....5
D.K.X
Did not wait.....0

3. How long have you been getting the meals delivered?

Less than 1 month.....0
1-2 months.....1
3-6 months.....2
6 months - 1 year.....3
More than 1 year.....4
D.K.X

4. (i) On which days do they deliver dinners to you?

Monday0
Tuesday.....1
Wednesday2
Thursday3
Friday4
Saturday5
Sunday6

(ii) If they could bring meals to you on more days, would you take them?

Yes.....0
No.....1
D.K.....2

If Yes → (iii) If No → (iv)

(iii) On which other days would you like to have them?

Monday0
Tuesday.....1
Wednesday.....2
Thursday.....3
Friday.....4
Saturday.....5
Sunday.....6
D.K.7

(iv) Why is that?

Dislike food.....0
Too expensive.....1
Other (specify)....2

D.K.X

5. (i) Do the meals stop coming for periods of a week or more e.g. during the school holidays?

Yes.....0
No1
D.K.X

the best time for you
like to get it earlier

D.K. X

--	--	--

12. (i) Thinking about the food that is usually brought to you, which of the following items would you like (i) to see served more often (ii) to have larger portions of?

29
(i)

(Check for each & 0 those relevant)

	(i)	(ii)
Meat	1	1
Fish	2	2
Eggs	3	3
Cheese	4	4
Pudding		
Sweet	5	5
Soup	6	6
Potatoes	7	7
Green Veg.	8	8
Root Veg.	9	9

14. (i) Where do you eat most of your main meals usually?

At home.....0
At a club.....1
With relatives.....2
In a canteen.....3
Elsewhere.(specify)....4

If home → (ii)

(ii) Who prepares most of the meals that you have at home, apart from the meals on wheels service?

Self.....0
Spouse.....1
Other household member..2
Relative, friend comes in..3
Home help.....4
Other (specify).....5

(ii) Do you find that the menus are the same from week to week or are they changed quite frequently?

31

Same from week to week.....0
Changed " " " ".....1
Other (specify).....2

D.K.X

If 'same' → (iii)

(iii) Would you like to have more varied menus or not?

32

Yes.....0
No.....1
D.K.2

13. Is there any particular food that you would like to have sometime? (specify)

33

No.....X
D.K.0

15. (i) Do you have/have you ever had, any Home Help assistance?

Yes - now0
Yes in past.....1
No.....2

If Yes - now → (ii) If Yes in past →
If No → (iii)

(ii) Does/did she help by:

Doing the shopping.....0
Preparing the food.....1
Cooking the food.....2
H.H. does/did not help with food.....3
What else? (specify)...4

(iii) Do you think that a Home Help could assist you now in any way?

Yes.....0
No.....1
D.K.X

If Yes → (iv) If No → (v)

(iv) In what ways?

39

- Buy food.....0
Prepare food.....1
Cook food.....2
House cleaning.....3
Laundry.....4
Other (specify).....5

D.K.X

(v) Why do you say that?

40

D.K.X

16. (i) Thinking about the cost of food, how much would you say you spend on food for yourself each week?

41

42

£ : : d.

(ii) How much does the meals on wheels dinner cost you? (note range of variation if any)

43

44

_____s. _____d.

17. (i) Apart from the meals themselves is there anything else that you like about having the Meals on Wheels call?

45

- Chance to chat.....6
Chance ask advice.....1
Other (specify).....2

D.K.X

NoY

If (1) → (iii)

If chance to seek advice not mentioned ask

46

(ii) Have you ever asked the Meals on Wheels for help or advice about anything?

Yes.....0

No.....1

D.K.X

If Yes → (iii) (iv) (v) If No → 18

(iii) Would you tell me about it? What was it that was worrying you then?

47

Financial difficulty.....0

Housing difficulty.....1

Family difficulties.....2

Other (specify)

NoX

If No → Q. 18

(iv) Were the Meals on Wheels able to help you or not?

48

Yes.....0

No.....1

D.K.X

(v) How did they help you?

49

18. (i) Supposing you wanted to complain about something to do with the meals on wheels, who would you approach?

50

Organiser.....0

Secretary.....1

Delivery helper.....2

Other (specify).....3

D.K.X

(ii) Have you yourself ever complained about anything to do with the meals on wheels?

51

Yes.....0

No.....1

D.K.X

If Yes (iii) → (vi)

(iii) What was it about?

52

Cold food.....0

Small portions.....1

Cost of food.....2

Type of food.....3

Other (specify)....4

D.K.X

(iv) Who did you talk to about it?

53

Meals Organiser.....0

Delivery helper.....1

Other (specify).....2

D.K.X

(v) And what was done about it? (specify)

54

Nothing.....0

D.K.X

(vi) Were you happy with the results?

55

Yes0

No - not really1

D.K.X

19. Have you ever thought of giving up having the meals delivered?

56

Yes.....0

No1

D.K.X

20. (i) Apart from times when the weather is very bad, are you able to get as far as the shops in winter?

57

Yes.....0

No, but not permanently bedridden.....1

No, permanently bedridden.....2

If Yes → (vi)

If(2) → Q 21 (i)

If(1) → (ii)

(ii) If you could get someone to do your shopping, could you cook for yourself?

58

Yes.....0

No.....1

D.K.X

If Yes → (iii) If No → 21(i)

(iii) Would you prefer this to getting meals on wheels?

59

Yes.....0

No1

D.K.X

If Yes → (iv) If No → (v)

(iv) Why is that?

60

Could have food I liked...0

Could have food when I liked.....1

Other (specify).....2

D.K.X

(v) Why is that?

61

I like the people coming...0

I like the food.....1

Other (specify).....2

D.K.X

(vi) Why do you need to have a cooked dinner delivered?

62

21. (i) If it were possible to deliver the following food to you (a) free of charge or (b) at reduced prices would you like to have them?

	(a)		(b)	
	Yrs	Nº	Yrs	Nº
Milk				
Eggs	3	4	3	4
Vitamins	5	6	5	6
Anything else? (specify)				

(a) ☐

(b) ☐

(ii) How much fresh milk did you have yesterday (include milk used in tea, puddings etc.)

None.....0

Up to 1/2 pint....1

More than 1/2 pint..2

D.K.X

22. (All except permanently bedridden)

(i) If there was a club for older people near here which you would get to easily, where you could get a dinner for the same price as the meals on wheels, would you rather go there than have dinners delivered?

Prefer club0

" M. on W.1

D.K.2

If Club → (ii) If M.O.W. → (iii)

(ii) Why would you prefer a club?

Would be chance to get out and meet people.....0

Food might be better1

Other (specify)2

D.K.X

(iii) Why would you prefer M.o W.?

Don't like going out much..0

Don't like being with a lot of old people.....1

Would miss M. o W. people..2

Other (specify).....3

D.K.X

23. Finally, would you tell me what you like best about having dinners from the M. o W.?

69 ☐

PERSONAL DATA

Now I should just like to ask you one or two things about yourself

1. (i) Sex

Male.....0

Female.....1

70 ☐

(ii) Age

Less than 60 ...0

60-64.....1

65-69.....2

70-74.....3

75-79.....4

80-84.....5

85-or over.....6

D.K.X

71 ☐

2. Marital Status

(i) Are you -

Single.....0

Married.....1

Widowed.....2

Divorced/Separated..3

D.K.X

72 ☐

If married at any time → (ii)

(ii) How many children have you had?

None.....0

1.....1

2.....2

3.....3

4 or more.....4

D.K.X

73 ☐

If has children -- (iii)

(iii) How often do they visit you?

74

- More than once weekly.....1
About once a week.....2
About twice a fortnight...3
About once a month.....4
Less often than once a month..5
Never.....0
D.K.X

3. Apart from the M. on Wheels (and children - where relevant) do you have any other people coming in to see you regularly?

75

- Friends.....1
Neighbours.....2
Clergy.....3
Family (other than children).....4
Other (specify).....5

- No-one.....0
D.K.X

4. With whom do you live here?

76

- Alone.....0
With spouse.....1
With sibling(s).....2
With unmarried child.....3
With married child.....4
With other relatives.....5
With friend/companion.....6
With other lodgers.....7
Other (specify).....8

5. Who owns the house/flat you live in?

77

- Self.....0
Rented Council.....1
Rented private.....2
Relative.....3
Hostel.....4
Other (specify).....5

D.K.X

6. (i) Are you in paid employment at all now?

78

- Irregular employment.....1
Regular p/t employment....2
Regular f/t employment....3
Not in paid employment....0
D.K.X

If working at all → (ii)

If not working → (iii)

(ii) What kind of work do you do?

79

Office use only

Survey identification: 1

A. Respondents serial number:

B. Card number: 2

(iii) What was your most recent full-time job?

5

(Check if this was occupation for most of life, if not give main work below)

6

7. Married women

(i) Husband's most recent full-time occupation

7

(ii) Husband's occupation during most of life (if different from (i)).

8

8. Single women

9

Father's occupation:

9. <u>Financial position</u>	10	4. Condition of house	18
State pension only.....0	<input type="text"/>	Well-kept.....0	<input type="text"/>
Supplementary pension.....1		Neglected.....1	
Pension plus private income/earnings.....2		Other (specify)..2	
Other (specify).....3			
10. <u>General health</u>		5. Condition respondent	19
(i) Are you generally able to cope with most household jobs and get out a bit or do you have times when you find this difficult?	11	Active, alert.....0	<input type="text"/>
No difficulty in coping....0	<input type="text"/>	Not " "1	
Some difficulty in coping..1		Good appearance.....2	
Considerable difficulty in coping.....2		Neglected "3	
		Physical handicap..4 (specify)	
		Mental handicap.....5 (specify)	
If any difficulty → (ii)		Other (specify).....6	
(ii) Why is that?	12		
	<input type="text"/>		
<u>INTERVIEWER'S COMMENTS</u>	13	6. <u>Other comments</u>	20
1. Distance from nearest shops (time estimate)	<input type="text"/>		<input type="text"/>
	14		
	<input type="text"/>		
2. Distance from nearest transport (time estimate)	15	<u>Time finished interview</u>	
	<input type="text"/>		
	16	Card Identification: 1	80
	<input type="text"/>		<input type="text"/>
3. House type	17		
Tenement - basement.....0	<input type="text"/>		
ground floor...1			
1st floor.....2			
2nd floor.....3			
Above " ...4			
Bungalow.....5			
House (semi-detached).....6			
House (detached).....7			
Prefab.....8			
Other (specify).....9			

MEAL PROVISION FOR THE ELDERLY

(SCOTLAND)

B. Lunch Club Recipient Questionnaire

Department of Social Medicine,
Usher Institute,
Warrender Park Road,
Edinburgh, 9.

May, 1968.

Introduction

I am _____ from the University of
Edinburgh. I believe that you are a member of a
Luncheon Club and I should very much like to talk to
you about it. We are trying to find out how people
feel about these clubs and I should be most grateful
if you could spare the time to help us. Of course,
anything you say will be treated confidentially and
your name will not be mentioned.

Respondent's
Name:

Address:

Schedule No:

Interviewer:

Date:

Time began
interview:

For office use only

A. Respondent's serial
number Col

1	2	3
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Card number: 1 4

Col no.

Which club do you attend?

Name

Address

5

6

(iii) Why did you stop going?

Disliked the food.....0

Food too expensive.....1

Other (specify).....2

9

If "None" - check:

) Have you ever attended a
lunch club?

Yes.....0

No.....1

7

D.K.X

Complete personal data
and end interview

If No (2) conclude interview

If Yes:-

8

ii) For how long did you
go to the club?

.....0

.....1

.....2

ear.....3

ear.....4

.....X

2. How did you first hear
about the club?

10

Friend....0 Social worker..5

Neighbour..1 Health visitor..6

Relative..2 Hospital.....7

Doctor....3 Clergy.....8

District nurse....4 Other (specify)..9

D.K.X

3. How long have you been going to the Club?

- Less than 1 month.....0
- 1-2 months.....1
- 3-6 months.....2
- 6 months - 1 year.....3
- More than 1 year.....4
- D.K.X

11

6. (i) Would you like to go to the Club more often than you do?

- Yes.....0
- No.....1
- D.K.X

18

If Yes

(ii) What stops you from going more often?

- Ill-health.....1
- Cost of meal.....2
- Cost of journey.....3
- Distance.....4
- Weather.....5
- Home commitments.....6
- Public transport not accessible.....7
- Other (specify).....8

19

4. (i) How do you usually get to the Club?

- Walk.....0
- Public transport.....1
- Own car.....2
- Given a lift.....3
- Club arranged transport.....4
- Other (specify).....5

12

(ii) Do you usually go with a friend or by yourself?

- With a friend.....0
- Alone.....1
- Other (specify)...2

13

- D.K.X
- Nothing really.....0
- Would not like to go more often.....Y

(iii) About how much does it cost you to get to the Club?

- _____s. _____d.
- Nothing.....0
- D.K.X

14

15

5. (i) How often during the week do you usually visit the Club?

- Less than 1 x week.....0
- 1 x week.....1
- 2 x week.....2
- 3 x week.....3
- More than 3 x week.....4
- D.K.X

16

(ii) How many times did you go to the Club last week?

- Once.....1
- Twice.....2
- 3 times.....3
- More than 3 times..4
- Did not go to the Club last week..0
- D.K.X

17

7. (i) Would you like the Club to be open to the members on more days of the week or for longer hours?

- More days of the week.....0
- Longer hours.....1
- Both.....2
- Neither.....3
- D.K.X

20

(ii) How do you manage about dinners on the days when you don't go to the Club?

- Friends/relation cooks or brings in.....0
- Neighbour cooks or brings in.....1
- Home help cooks.....2
- I go out for a meal.....3
- Don't have cooked meals then - I make do..4
- Other (specify).....5

21

D.K.X

i) Does the Club close for
periods of a week or more e.g.
during the school holidays?

Yes.....0
No.....1
D.K.X

If Yes

v) How does this affect you?

Don't see my friends.....1
Don't get cooked meals...2
Other (specify).....3

D.K.X
Doesn't really affect me..0
Club doesn't close.....Y

(i) Were you able to join the
Club immediately you applied or
was there a waiting list?

Joined immediately.....0
Put on waiting list....1
Other (specify).....2

D.K.X

If put on waiting list

ii) How long did you have to
wait before you were able to join
the Club?

Less than a week.....1
1-4 weeks.....2
5-12 weeks.....3
13-24 weeks.....4
More than 6 months.....5
D.K.X
Did not wait.....0

(i) Now about the meals,
do you have a meal every time
you go to the Club?

Yes.....0
No1
D.K.X

(ii) How many meals did you
have at the Club last week?

None.....0
1.....1
2.....2
3.....3
4 or more..4
D.K.5

10. (i) Do you generally like
the food that is served there?

Yes.....0
No1
Uncertain..2
D.K.X

If 'No' or 'Uncertain' → (ii)

(ii) What kind of improvements
would you like?

Greater variety in menus..0
More courses.....1
Larger helpings.....2
Warmer food.....3
Other (specify).....4

D.K.X

11. (i) Thinking about the food
you usually have at the Club which
of the following items would you
like to see (i) served more often?
(ii) have larger helpings of?
(Check for each and 0 whichever
apply) (i) (ii)

Meat.....	1	1
Fish.....	2	2
Eggs.....	3	3
Cheese.....	4	4
Puddings, sweets..	5	5
Soup.....	6	6
Potatoes.....	7	7
Green vegetables..	8	8
Root vegetables...	9	9

Serial number

(ii) Do you find that the menus are the same from week to week or are they changed quite frequently?

Same from week to week.....0
 Changed quite frequently...1
 Other (specify)2

D.K.X

If same (0) → (iii)

(iii) Would you like to have more varied menus?

Yes.....0
 No1
 D.K.X

12. Is there any particular food that you would like to have sometimes?

(specify)

No0
 D.K.X

13. (i) How do you feel about the way the meals are served? Would you say that you were

- completely satisfied.....0
 - fairly satisfied.....1
 - not really satisfied.....2
 - D.K.X

If (1) or (2) → (ii)

(ii) What is it about the service that you are not quite happy with?

Slowness in serving food.....0
 Poor staff attitudes.....1
 Food insufficiently hot.....2
 State of crockery/cutlery.....3
 " " tables.....4
 Other (specify)5

D.K.X

14. How long do you usually have to wait for a meal?

Less than 5 minutes.....0
 5-10 minutes.....1
 More than 10 minutes....2
 D.K.X

15. Thinking about the room where you have your meal, do you think that it is -

a) Large enough for you all?
 Yes.....1
 No.....2

b) Warm enough for you?
 Yes.....3
 No.....4

c) Sufficiently well furnished?
 Yes.....5
 No.....6

d) Sufficiently well ventilated?
 Yes.....7
 No.....8

e) and clean? Yes.....9
 No.....0

Other (specify)

16. (i) If you wanted to complain about something, who would you go to?

Club organiser.....0
 " secretary.....1
 Food assistant.....2
 Other (specify).....3

D.K.X

(ii) Have you yourself ever complained about anything in the Club?

Yes.....0
 No1
 D.K.X

If Yes → (iii) → (vi)

(iii) What was it about?

41

Cold food.....0
Small portions.....1
Cost of food.....2
Type of food.....3
Other (specify).....4

D.K.X

v) Who did you talk to about it?

42

Club organiser.....0
Food assistant.....1
Other (specify).....2

D.K.X

And what was done about it?
(specify)

43

Nothing.....0
D.K.X

i) Were you happy with the results?

44

Yes.....0
No - not really.1
D.K.X

Would you like to see the meal
times there changed so that you could
have your meal earlier or later
than you do now?

45

Yes - earlier.....1
" - later.....2
No - no change.....3
D.K.0

Do you find that you have
enough time to spend over your
meal?

46

Yes.....0
No1
D.K.X

19. (i) Where do you eat most
of your main meals usually?

47

At home.....0
At the Club.....1
With relatives.....2
In canteen.....3
Elsewhere (specify)..4

D.K.X

If 'home' → (ii)

(ii) Who prepares most of your
main meals at home?

48

Self.....0
Spouse.....1
Other household member.2
M. on W.3
Home help.....4
Relative/friend comes in.5
Other (specify).6

D.K.X

20. (i) Do you have/have you ever
had, any Home Help assistance?

49

Yes - now.....0
Yes in past.....1
No.....2

If Yes - now → (ii) If Yes in past → (ii)&(iii)
If No → (iii)

(ii) Does/did she help by:

50

Doing the shopping.....0
Preparing the food.....1
Cooking the food.....2
H.H. does/did not help
with food.....3
What else? (specify)...4

(iii) Do you think that a Home
Help could assist you now in any
way?

51

Yes.....0
No.....1
D.K.X

If Yes → (iv) If No → (v)

20. (iv) In what ways?

- Buy food.....0
Prepare food.....1
Cook food.....2
House cleaning.....3
Laundry.....4
Other (specify).....5

D.K.X

(v) Why do you say that?

D.K.X

21. Thinking about the cost of food, how much would you say you spend on food for yourself each week?

£ ____ : ____ s. ____ d.

D.K.X

22. How much does a meal at the Club cost you usually?

(note range of variation, if any)

____ s. ____ d.

23. (i) Apart from the meals, what else do you like about going to the Club?

- Meeting friends.....0
Meeting staff.....1
Opportunity to get out.....2
Club facilities.....3
Other (specify).....4

D.K.X

52

(ii) Have you made any friends at the Club and do you meet them outside the Club?

- Made friends but see only at the Club.....0
Made friends, meet outside the Club.....1
Both.....2
Neither.....3
Other (specify).....4

D.K.X

24. Would you still come to the Club even if it didn't serve meals?

- Yes.....0
No1
D.K.X

25. (i) Would you like to have more Social activities at the Club?

- Yes.....0
No.....1
D.K.X

(ii) Would you like _____?

- Bingo sessions.....1
Music.....2
Talks.....3
Handicraft facilities.....4
Workshop facilities.....5
Other (specify).....6

- D.K.X
None of above.....0

(iii) Have you any other suggestions for improving the Club?

- D.K.X
None.....0

59

60

61

62

63

(i) Does the Club have _____? (ii) Do you use it? (iii) Would you like the Club to have _____?

Check for each facility - omitting (ii) or (iii) where not relevant)

	(i)		Col	(ii)		Col	(iii)		Col
	Yes	No	64	Yes	No	66	Yes	No	68
lock counter.....	Y	X	<input type="text"/>	Y	X	<input type="text"/>	Y	X	<input type="text"/>
r.	0	1	<input type="text"/>	0	1	<input type="text"/>	0	1	<input type="text"/>
es.....	2	3	<input type="text"/>	2	3	<input type="text"/>	2	3	<input type="text"/>
nge/reading room.	4	5	<input type="text"/>	4	5	<input type="text"/>	4	5	<input type="text"/>
rary.....	6	7	<input type="text"/>	6	7	<input type="text"/>	6	7	<input type="text"/>
ropoly.....	8	9	65	8	9	67	8	9	69
rdressing.....	0	1	<input type="text"/>	0	1	<input type="text"/>	0	1	<input type="text"/>
hs.....	2	3	<input type="text"/>	2	3	<input type="text"/>	2	3	<input type="text"/>
ndry.....	4	5	<input type="text"/>	4	5	<input type="text"/>	4	5	<input type="text"/>
.....	6	7	<input type="text"/>	6	7	<input type="text"/>	6	7	<input type="text"/>
nter selling.....	8	9	<input type="text"/>	8	9	<input type="text"/>	8	9	<input type="text"/>
ets, tobacco and or items									
er (specify)									

(i) If it were possible to a) deliver the following food to you free of charge or b) at reduced prices would you like to have them?

	(a)		(b)	
	Yes	No	Yes	No
lk	1	2	1	2
gs	3	4	3	4
tamins.....	5	6	5	6

anything else? (specify)

)

)

i) How much fresh milk did you use yesterday? (include milk used for tea, puddings etc.)

None.....	0
Up to 1/2 pint.....	1
More than 1 pint.....	2
.....	X

28. If it were possible for you to have meals delivered to you at about the same price as you pay at the Club, would you rather have them than go to the Club?

Prefer Club.....	0
Prefer meals delivery...	1
D.K.	X

If Club → (ii) If M. o W. → (iii)

(ii) Why would you prefer the Club?

Like meeting my friends...	0
Would miss Club facilities...	1
Other (specify).....	2

D.K.	X
-----------	---

(iii) Why would you prefer to have meals delivered?

Don't like going out much..	0
Don't like being with a lot of old people.....	1
Other (specify).....	2

D.K.	X
-----------	---

29. Finally, would you tell me what you like best about going to the Club?

Office use only

Survey Identification 2

A. Respondent's serial number

B. Card number 2

Serial number

If married at any time → (11)

(11) How many children have you had?

None.....0
1.....1
2.....2
3.....3
4 or more.....4
D.K.X

If has children → (11)

(11) How often do they visit you?

More than once weekly.....1

About once a week.....2

About twice a fortnight.....3

About once a month.....4

Less often than once a month.....5

Never.....0

D.K.X

3. Do you have any other people coming in to see you regularly?

Friends.....1

Neighbours.....2

Clergy.....3

Family (other than children).....4

Other (specify).....5

No-one.....0

D.K.X

4. With whom do you live here?

Alone.....0

With spouse.....1

With sibling(s).....2

With unmarried child.....3

With married child.....4

With other relatives.....5

With friend/companion.....6

With other lodgers.....7

Other (specify).....8

1. (1) Sex

Male.....0

Female.....1

(11) Age

Less than 60.....0

60-69.....1

65-69.....2

70-74.....3

75-79.....4

80-84.....5

85 or over.....6

D.K.X

2. Marital Status

(1) Are you -

Single.....0

Married.....1

Widowed.....2

Divorced/separated.....3

D.K.X

76

80

1

2

3

4

5

6

7

8

9

10

11

7. Who owns the house/flat you live in?

- Self.....0
Rented Council.....1
Rented Private.....2
Relative.....3
Hostel.....4
Other (specify).....5

D.K.X

8. (3) Are you in paid employment at all now?

- Irregular employment...1
Regular part employment..2
Regular full employment..3
Not in paid employment..0
D.K.X

If working at all → (ii)

If not working → (iii)

(ii) What kind of work do you do?

(iii) What was your most recent full-time job?

Check if this was occupation for most of life, if not, give main work below

9. Married women

(i) Husband's most recent full-time occupation.

(ii) Husband's occupation during most of life (if different from (i))

8. Single women

Father's occupation:

9. Financial position

- State pension only.....0
Supplementary pension.....1
Pension plus private income/earnings.....2
Other (specify).....3

10. General Health

(i) Are you generally able to cope with most household jobs and get out a bit or do you have times when find this difficult?

- No difficulty in coping.....0
Some difficulty in coping....1
Considerable difficulty in coping.....2

If any difficulty → (ii)

(ii) Why is that?

INTERVIEWER'S COMMENTS

1. Distance from nearest shops (time estimate)

2. Distance from nearest transport (time estimate)

--	--	--

3. House type -

27

- Tenement - basement.....0
- ground floor...1
- 1st floor.....2
- 2nd floor.....3
- Above "4
- Bungalow.....5
- House (semi-detached).....6
- House (detached).....7
- Prefab.....8
- Other (specify)9

4. Condition of house

28

- Well-kept.....0
- Neglected.....1
- Other (specify).....2

5. Condition respondent

29

- Active, alert.....0
- Not " "1
- Good appearance.....2
- Neglected.....3
- Physical handicap....4
(specify)
- Mental handicap.....5
(specify)
- Other (specify)6

6. Other Comments

30

Time finished interview

Card Identification : 2

80

2

APPENDIX D

MEAL PROVISION FOR THE ELDERLY
(SCOTLAND)

D. Local Authorities Questionnaire

Department of Social Medicine,
The Usher Institute,
Warrender Park Road,
Edinburgh, 9.

JUNE 1968

MEAL PROVISION

1. Development of th

(i) Meals c

Start

Date_

Reaso

Name of Respondent_____

(ii) Lunch C

County/burgh for which responsible_____

Start

Date_

Reaso

Interviewer_____

Date_____

2. Present support fo

(a) (i) Meals on

Time interview began_____

L.A. provide

- meals

- premises

- equipment

- staff

- other(spec

- finance

(b) If the L.A. provid

What is the

(i) Meals on

Amount for 1

2(c) Assessment of adequacy of L.A. support by respondent.

3. Assessment of need

(a) Does the service cover existing need for:

(i) Meals on Wheels _____ (ii) Lunch Clubs _____

(b) How is the need assessed for

(i) Meals on Wheels _____ (ii) Lunch Clubs _____

(c) Whose is the responsibility to assess need for :

(i) Meals on Wheels (ii) Lunch Clubs

(d) Could existing procedure be improved in any way?

(i) Meals on Wheels (ii) Lunch Clubs

4. Recipient selection

(a) LA selection criteria - if any - for:

(i) Meals on Wheels (ii) Lunch Clubs

(b) Differences between L.A. and M.o.W./L.C. criteria for:

(i) Meals on Wheels (ii) Lunch Clubs

(c) Investigation of applicants for:

(i) Meals on Wheels by-

(ii) Lunch Clubs by -

(d) Final decision on acceptance for:

(i) Meals on Wheels by -

(ii) Lunch Clubs by -

(e) Degree of satisfaction with existing selection procedure for:

(i) Meals on Wheels

(ii) Lunch Clubs

5. Co-operation with other services

(a) With which other departments is there co-operation with regard to the old people?

Departments

Basis/reason for
co-operation

(b) Liaison with H.H. department

(c) Number of pensioners receiving H.H. _____

(d) Basis for granting H.H.

(e) Number of days on which H.H. given _____

(f) Average number of hours per day _____

- (g) Is it L.A. policy to encourage H.H. service to:
- obtain (purchase) food_____
 - prepare food_____
 - cook food_____

(h) What specific instructions are given regarding food_____

(i) By whom_____

(j) Assessment of adequacy of present H.H. service for the elderly_____

(k) Are arrangements made by H.H. service for M.o.W. delivery on days when H.H. is not attending?_____

6. Future Provision

(a) Adequacy of present provision (number recipients, frequency meals, etc.)in regard to:

- (i) Meals on Wheels
- (ii) Lunch Clubs

(b) Consideration of extension of services and if considered how is extension to be achieved?

(c) Existence of plans relating to nutrition and to what extent implemented to date.

7. Any other comments

APPENDIX E

APPENDIX E

(i) Letter sent to all service organisers

Dear

The Meals on Wheels and Lunch Club Services in Scotland are to be the subject of a survey conducted by the Department of Social Medicine in the University of Edinburgh. This study is supported by the Scottish Home and Health Department, the Scottish Old Peoples' Welfare Committee and the Women's Royal Voluntary Service.

It will examine the distribution and size of meals services in Scotland and also the nature of the work and the problems which you, as organisers, have in running your centres.

May we ask you then for your help in this project by completing the enclosed questionnaire(s) and returning it to us as soon as possible (a stamped addressed envelope is enclosed).

We hope that this investigation will provide a really complete picture of the meals services throughout Scotland and will benefit all those who are involved in this most valuable work. We should be very pleased to send you the final report of the survey if you would be interested in having it.

Yours sincerely,

(ii) Letter sent to organisers in interview areas

Dear

The Meals on Wheels Service in Scotland is to be the subject of a survey conducted by the Department of Social Medicine in the University of Edinburgh. This study is supported by the Scottish Home and Health Department, the Scottish Old People's Welfare Committee and the Women's Royal Voluntary Service.

It will examine the distribution and size of meals services in Scotland and also the nature of the work and the problems which you, as organisers, have in running your centres. We shall therefore, be sending you a questionnaire shortly and one of us will also contact some organisers to make arrangements to call in May or June to talk further about the work involved in organising particular centres.

In addition, we should like to talk to the recipients to discover their needs and the type of people they are. So that we may see the recipients prior to the holiday season and before some centres close, we need to have lists of the names and addresses of members of all centres for which you are responsible and in this respect we should be particularly grateful for your help. This information will, of course, be treated confidentially and the lists returned to you if you so wish. They will be used solely for the purpose of drawing small samples.

As you will know, the organisation of this type of survey is time-consuming but in the end the total success of the project lies in the help which you can give us. May we ask you then for this help firstly by sending us the names and addresses of your members as soon as possible (a stamped addressed envelope is enclosed) and secondly by completing the questionnaire which you will receive later in the month.

We hope that this investigation will provide a really complete picture of the meals services throughout Scotland and will benefit all those who are involved in this most valuable work. We should be very please to send you the final report of the survey if you would be interested in having it.

Thank you for your co-operation.

APPENDIX F

APPENDIX F

- (i) The distribution of Meals on Wheels and Lunch Club services in the selected sample areas was as follows:-

Selected Sample Areas: Distribution of Meals on
Wheels and Lunch Club Services

	Meals on Wheels Service only	Meals on Wheels and Lunch Club Service	Lunch Club only	Total No. of areas
Cities with populations exceeding 100,000	0	4	0	4
Areas with populations between 50,000 - 100,000	3	3	1	7
Areas with populations between 20,000 - 50,000	7	2	1	10
Areas with populations less than 20,000	25	9	4	38
TOTAL	35	18	6	59

(ii) The list of areas in which organisers were visited and recipients interviewed is as follows:-

STRATUM	AREA/CITY		
Cities with populations exceeding 100,000	Aberdeen Dundee	Edinburgh Glasgow	
Areas with populations between 50,000 - 100,000	Clydebank Dunfermline	Greenock Kirkcaldy	Motherwell & Wishaw Paisley
Areas with populations between 20,000 - 50,000	Airdrie Arbroath Ayr	Dumbarton Falkirk Glenrothes	Grangemouth Hamilton Stirling
Areas with populations less than 20,000	Armadale Blackbridge Bo'ness Bonnyrigg Buckie Caol Carnwath Carstairs Chapelhall Denholm Dreghorn Dunoon Elderslie	Friockheim Garvald Invergordon Inverkeithing Kirkcudbright (borough) Kirkcudbright (Landward) Kippen Largs Lauder Linlithgow Lochgelly	Midcalder, Bellsquarry and Pumpherston Milngavie Newton Mearns Newton Stewart Penicuik S.W.Ross & Cromerty* St. Boswells Saltcoats Wallyford & Whitecraig Wigtown

*sometimes referred to as: Plockton, Dornie and Kyle

APPENDIX G

APPENDIX G

EXPANSION OF MEALS ON WHEELS SERVICE: 1968-1970

(England and Wales)

Figures appearing in, or derived from, the Digest of Health Statistics
Tables 7.13 (Meals Service E & W) and 1.2 (Population 65+. E & W)

	<u>Thousands</u>	
Number of meals delivered in the year	1968: 12,615	1970: 14,976
Number of meals delivered in one week in November	266	521
Number of recipients in one week in November	1968: 103 (100%)	1970: 121 (100%)
Number of people receiving 1 meal	12.7 (12)	13.0 (11)
2 meals	57.5 (56)	65.2 (54)
3 "	11.7 (11)	15.5 (13)
4 "	7.0 (7)	8.2 (7)
5 "	12.7 (12)	15.8 (13)
6 "	0.8 (1)	1.6 (1)
7 "	0.9 (1)	1.4 (1)

Number of recipients as percentage of number of
people aged 65+

1968: 1.68% approx. 1970: 1.90% approx.

APPENDIX H

APPENDIX H

Registrar General's Classification of Regions

Scotland 1961

Crofting Counties

Argyle
Caithness
Inverness
Orkney
Ross & Cromerty
Sutherland
Zetland

North East Region

Aberdeen
Dundee
Aberdeen County
Angus
Banff County
Kincardine
Moray County
Nairn County
Perth County

Border Counties

Berwick
Dumfries
Kirkcudbright
Peebles
Roxburgh
Selkirk
Wigtown

West Central

Glasgow
Ayr County
Bute County
Dunbarton County
Lanark County
Renfrew County

East Central

Edinburgh
Clackmannan
East Lothian
Fife
Kinross County
Midlothian
Stirling County
West Lothian

APPENDIX I

APPENDIX I

It should be made clear that the "variety of menu" assessments were not made on the basis of the classification of food types, although some overlap does exist. The following example may help clarify this point: a two-day service providing class III main dishes of different types, e.g. hamburgers on one day and macaroni cheese on another is classified as having a varied main course menu, but if on one day the pudding is rice and on another tapioca, the pudding menu would not, since both are milk puddings. On the other hand, two class III sweets, e.g. a sponge on one day and tart on another would be considered to be varied, while two sponges or two tarts, even of different varieties, would not.

The various classes (I-III) of main dish, vegetables and puddings are allocated to each scheme on the basis of the class into which the majority of dishes served in the survey week fall. So that a weekly menu containing fish, roast lamb and mince would be classified as having class I main dishes for that week. Very infrequently a two-day service scheme provides a class I dish on one day and class III dish on the other, in which case it becomes a class II scheme. The same scheme, serving a class I dish on one day and class II dish on the other is always given a class I rank. The same rule applied when vegetables and pudding dishes were categorised.

APPENDIX J

APPENDIX J

Characteristics of the (a) Meals on Wheels organisers (N : 53)
and (b) Lunch Club organisers (N : 36)

		(a)		(b)	
		N	(%)	N	(%)
1. <u>Age</u>	20-29	2	(4)	2	(6)
	40-49	16	(30)	12	(33)
	50-59	19	(36)	9	(25)
	60-69	12	(23)	10	(28)
	70-79	3	(6)	2	(6)
	Unknown	5	(9)	4	(11)
2. <u>Sex</u>					
	Male	5	(9)	12	(34)
	Female	48	(91)	23	(66)
3. <u>Churchgoer?</u>					
	Yes	32	(60)	22	(61)
	No	21	(40)	13	(36)
	Unknown	0	(0)	1	(3)
4. <u>Marital status</u>					
	Married	36	(68)	27	(75)
	Divorced separated	1	(2)	0	(0)
	Widowed	9	(17)	5	(14)
	Single	7	(13)	4	(11)

		(a)		(b)	
		N	(%)	N	(%)
5. <u>Age left school?</u>					
<u>Age</u>	< 14	2	(4)	0	(0)
	14	8	(15)	10	(28)
	15	5	(9)	9	(25)
	16	12	(23)	5	(14)
	17	11	(21)	3	(8)
	18	12	(23)	7	(19)
	> 18	1	(2)	0	(0)
No school attendance, i.e. governess		1	(2)	0	(0)
Unknown		1	(2)	2	(6)

6. <u>Other training?</u>					
None		25	(47)	14	(39)
Secretarial		10	(19)	1	(3)
College		4	(7)	9	(25)
University		3	(6)	4	(11)
Other		8	(15)	7	(19)
Unknown		3	(6)	3	(8)

7. <u>Qualifications</u>					
None		25	(47)	14	(39)
Diploma		5	(9)	8	(22)
Degree		2	(4)	0	(0)
Other (book-keeping, physiotherapy, S.R.N.etc.)		18	(34)	11	(31)
Unknown		3	(6)	3	(8)

	(a)		(b)	
	N	(%)	N	(%)
8. <u>Work status</u>				
Voluntary	50	(94)	25	(69)
Paid	3	(6)	11	(31)